CLEAR COVERAGE AUTHORIZATION TIP SHEETS

Click on the link below to access the tip sheet.

Urgent Inpatient Authorization for Business Office Staff

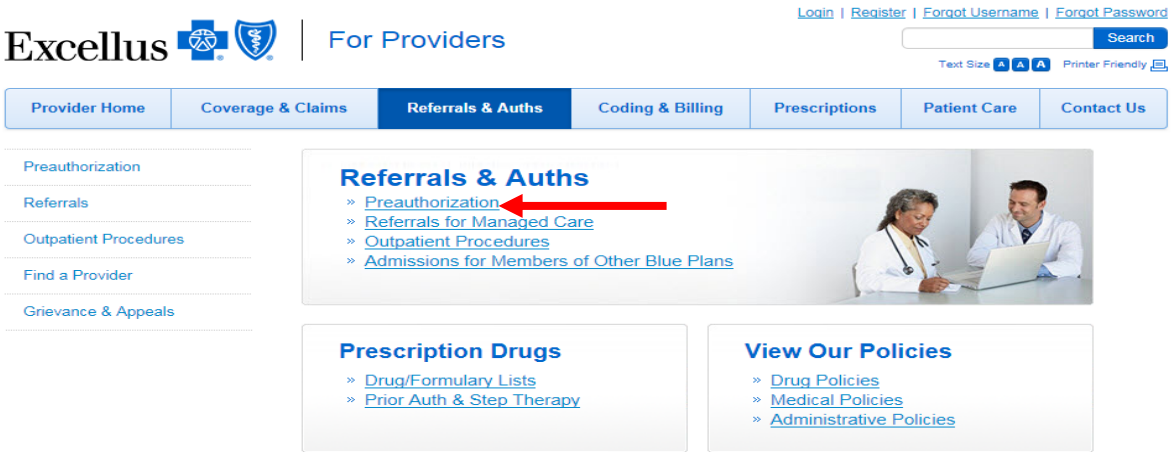
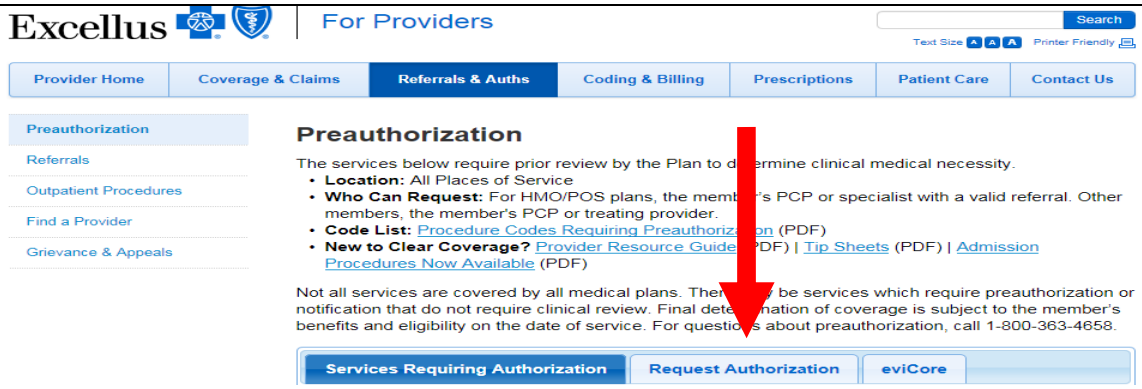
Elective Chemotherapy Inpatient Admission Authorization for Business Office Staff

Elective Chemotherapy Inpatient Admission Authorization for Utilization Review Staff

Elective Epilepsy Inpatient Admission Authorization for Business Office Staff

Elective Epilepsy Inpatient Admission Authorization for Utilization Review Staff

Clear Coverage™
Urgent Inpatient Admission Authorization Entry
For Business / Admissions Office Staff

Step 1: Log in to the Excellus BCBS provider portal	https://www.excellusbcbs.com/wps/portal/xl/prv/ Refer to "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process
Step 2: Complete benefits and eligibility check within the provider portal	If needed, please contact your provider relations representative for instructions.
Step 3: Click on the "Referrals and Auths" tab	
Step 4: Click "Preauthorization"	
Step 5: Click "Request Authorization"	

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Local focus.
Individual care.

Clear Coverage™
Urgent Inpatient Admission Authorization Entry Tips
For Business Office Staff

Step 6: Locate "Urgent/Emergent Medical Admissions".

Click "Online with Clear Coverage™

Services Requiring Authorization | Request Authorization | eviCore

Note: You'll need your Facets Provider ID to use Clear Coverage or do Pre-Service Reviews at Other Blue Plans. Get Your Facets Provider ID

Step 1: Check the Patient's Benefits & Coverage for plan-specific preauthorization requirements.

Step 2: Submit Your Request

For these Services:	Request Authorization:
Implantable Cardiac Devices, Radiology/Imaging, Radiation Therapy or Sleep Studies/Supplies	Online with eviCore National, or call 1-866-889-8056
Urgent/Emergent Medical Admissions (Facility)	Please Read: Attestation Information Facility: Online with Clear Coverage, call 1-800-363-4658, or fax to 1-800-292-5109
Inpatient Elective/Prospective Admissions (Provider) **Outpatient Procedures on Prior Authorization List** (Home Care, Physical, Occupational & Speech Therapy must use Clear Coverage.)	Please Read: Attestation Information Provider: Online with Clear Coverage, call 1-800-363-4658, or fax to 1-800-222-8182
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Members of Other Blue Plans (Pre-Service Review)	Online, or call the number on the Member's ID Card

Step 7: Enter your Facets Provider ID and Provider NPI number and click "Next"

Excellus | For Providers

NOTE: If you are a new user, please refer to the provider manual for instructions on how to obtain your Facets Provider ID

Provider Home | Coverage & Claims | Referrals & Auths | Coding

- Preauthorization
- Referrals
- Outpatient Procedures
- Find a Provider
- Grievance & Appeals

Enter Provider Information

Please enter Facets Provider ID and Provider NPI.

Facets Provider ID: **Provider NPI:**

Back | Next

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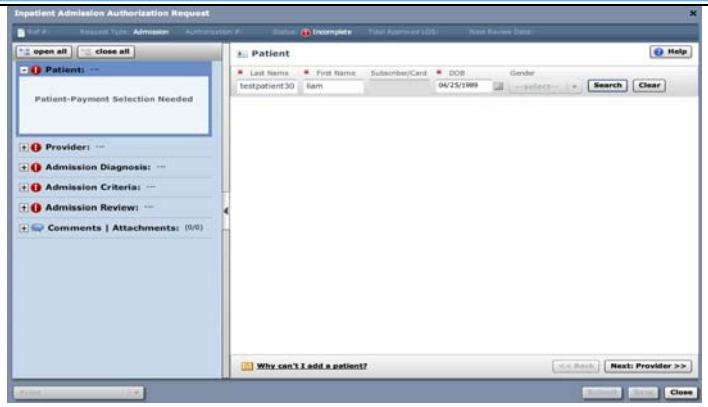
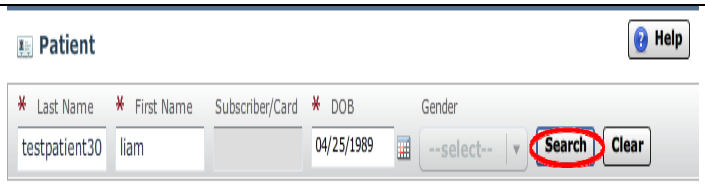
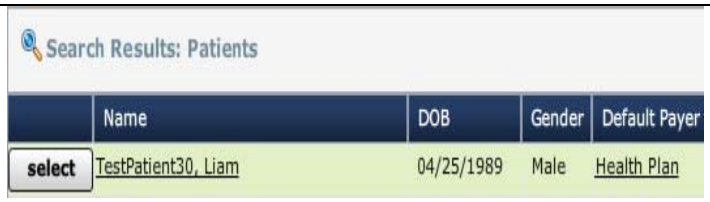
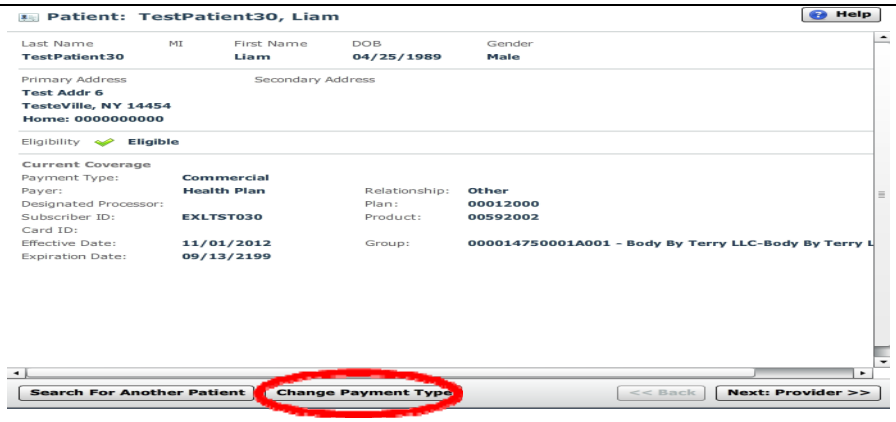
Step 8: Click on "New Authorization"

Authorization Requests | New Authorization

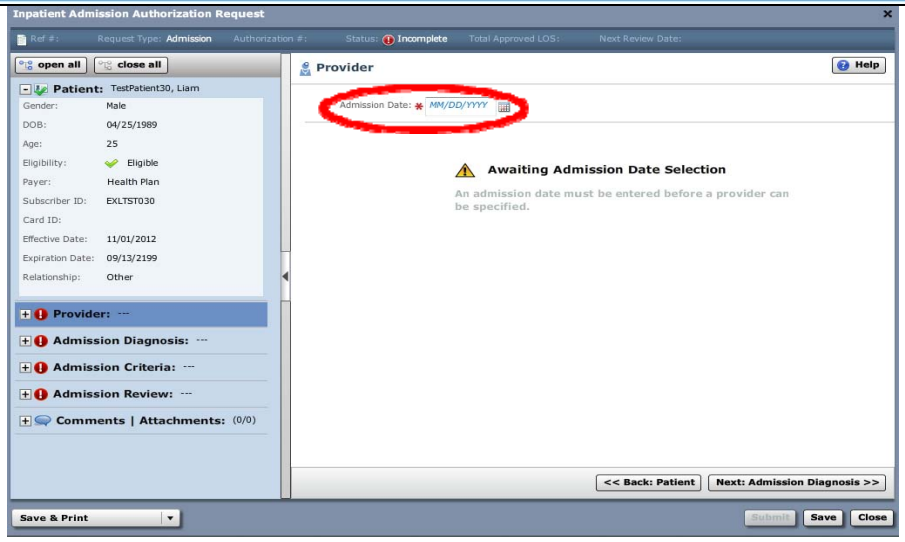
Clear Coverage™
Urgent Inpatient Admission Authorization Entry Tips
For Business Office Staff

Step 9: Enter the patient's last name, first name and date of birth	
Step 10: Click "Search"	
Step 11: Click "Select"	
Step 12: Click "Change Payment Type"	
Step 13: Select the correct coverage	
Step 14: Click "Next Provider>>"	

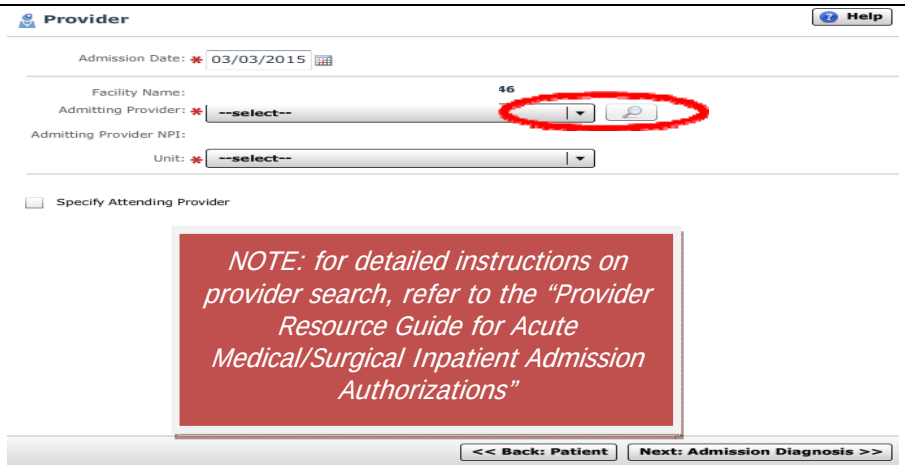
Clear Coverage™
Urgent Inpatient Admission Authorization Entry Tips
For Business Office Staff

Step 15: Select and enter the "Admission Date"

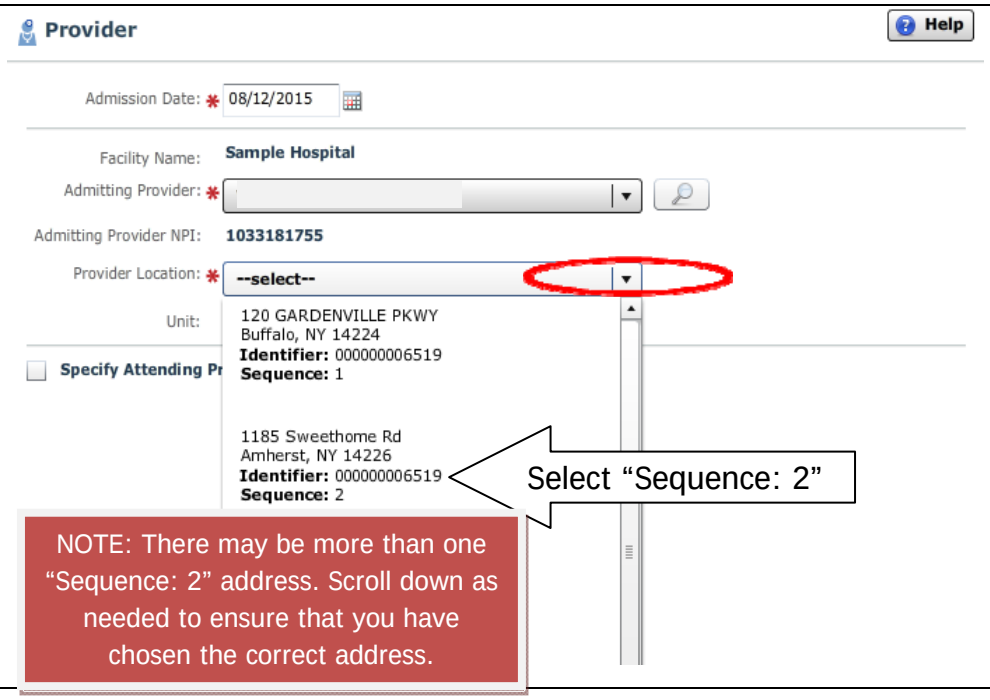
NOTE: Can backdate up to 5 days



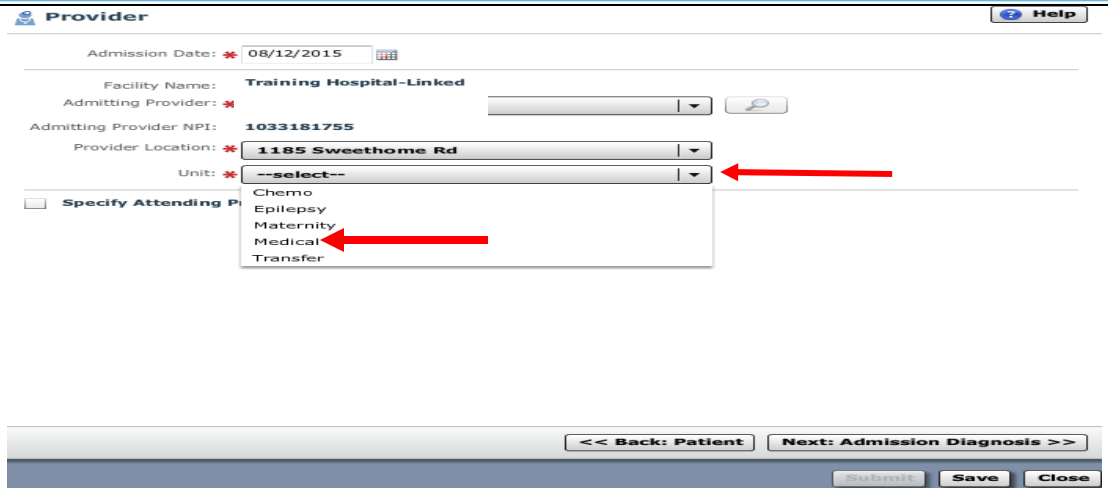
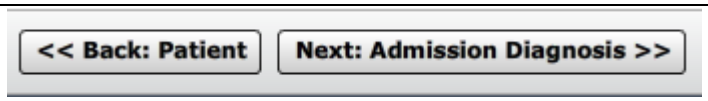
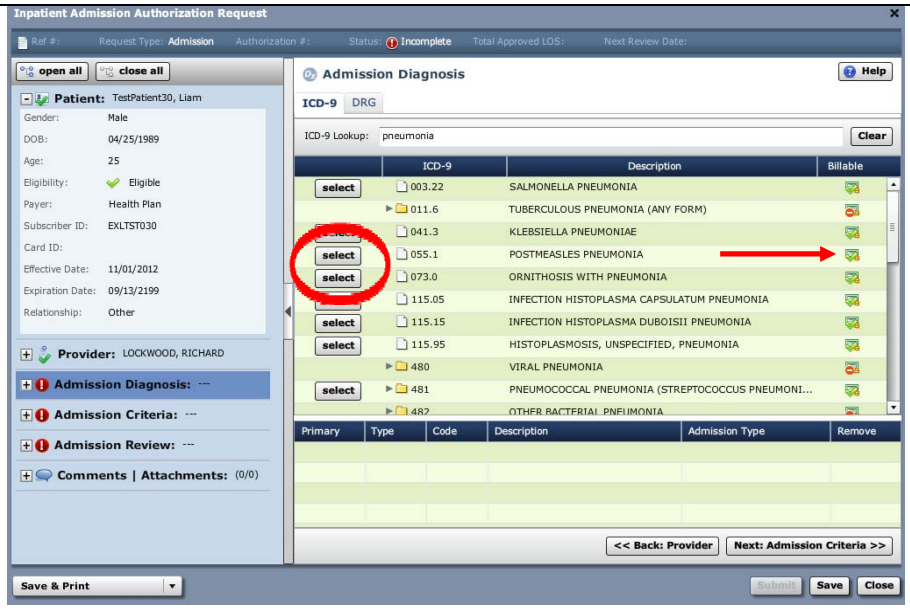
Step 16: Conduct admitting provider search, OR choose provider from dropdown list



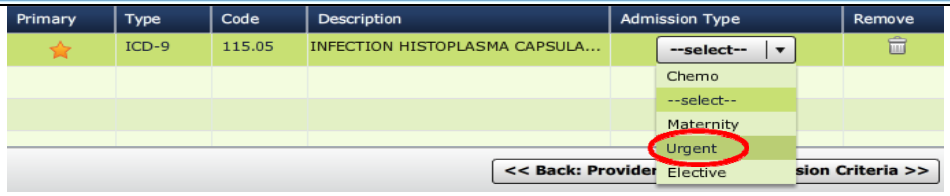
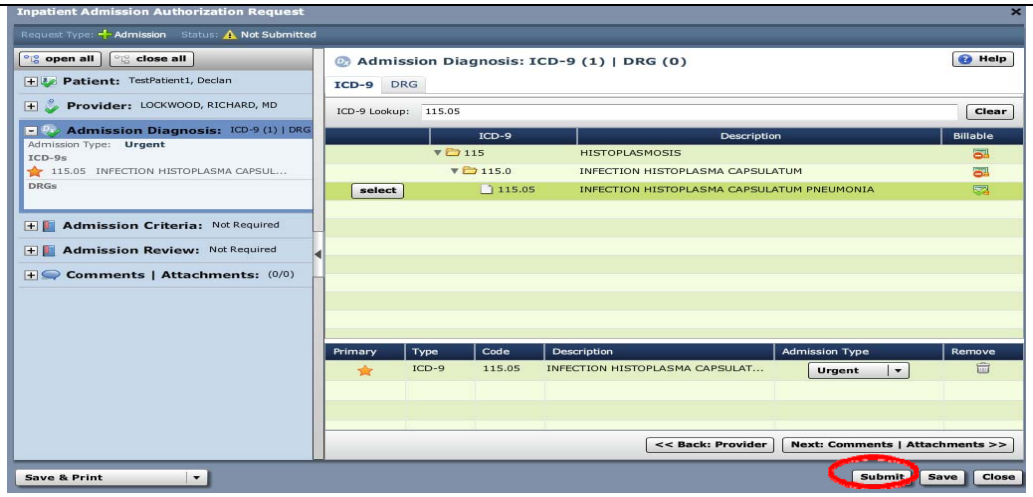
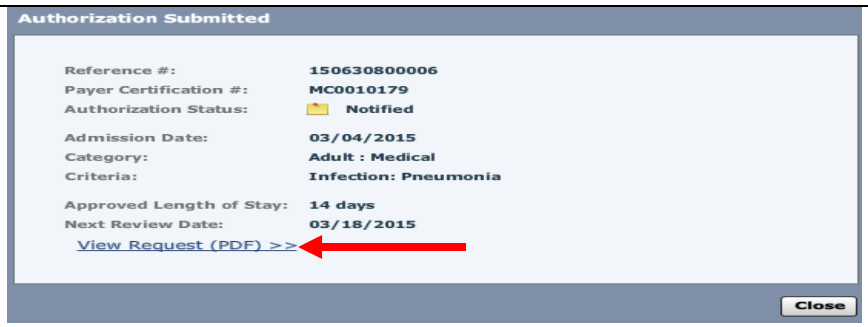
Step 17: Click the "Provider Location" dropdown arrow and select the "**Sequence: 2**" address that corresponds correctly with the provider's assigned "Identifier" number (Facets number) and address.



Clear Coverage™
Urgent Inpatient Admission Authorization Entry Tips
For Business Office Staff

Step 18: Select "Medical" from the "Unit" drop-down list	
Step 19: Click "Next: Admission Diagnosis>>"	
Step 20: Enter the PRIMARY diagnosis code	
Step 21: Click "Select" to add the PRIMARY diagnosis code NOTE: *You must ensure that you choose a "billable" code. A billable code will have a green checkmark* *Expired codes cannot be used. Expired codes appear with a question mark*	

Clear Coverage™
Urgent Inpatient Admission Authorization Entry Tips
For Business Office Staff

Step 22: Click the "Admission Type" drop-down and select "Urgent"	
Step 23: Click "Submit"	
Step 24: Add a phone number (name auto populates)	
Step 25: Click the **"Submit"** button	
Step 26: Click "View Request (PDF)>>" if you wish to print or electronically save a copy of the authorization request	
Step 27: Click "Close"	

Clear Coverage™
Elective Chemo Inpatient Admission Authorization Entry
For Business / Admissions Office Staff

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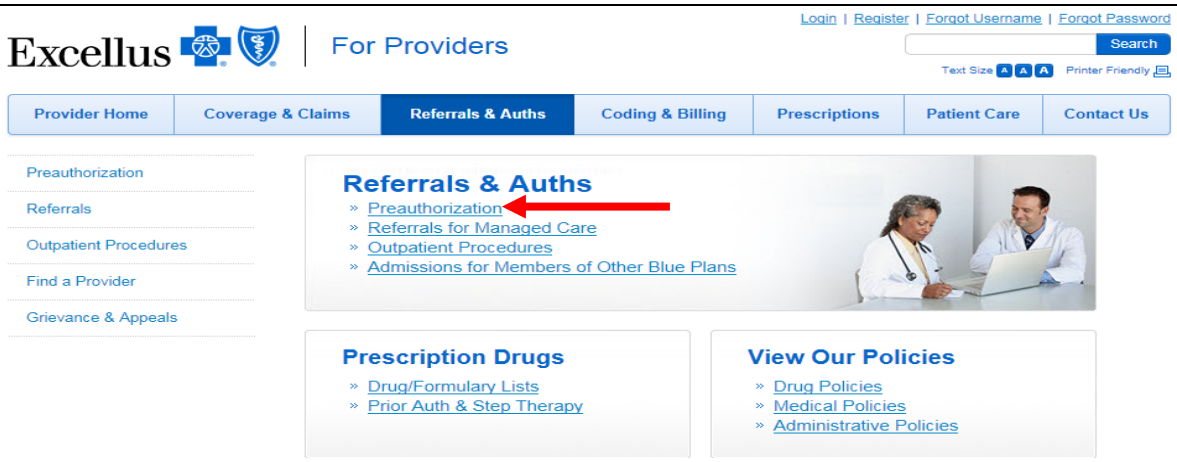
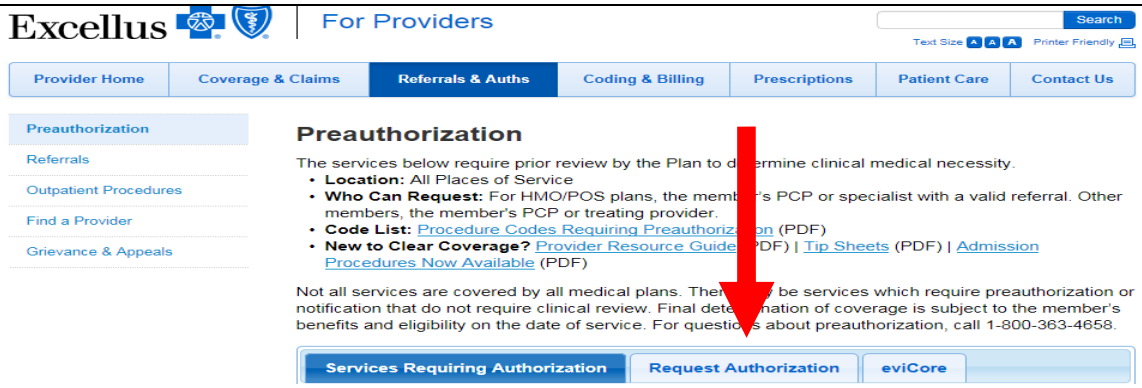
Step 4: Click "Preauthorization"	
Step 5: Click "Request Authorization"	

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Clear Coverage™
Elective Chemo Inpatient Admission Authorization Entry
For Business Office Staff

Step 6: Locate "Urgent/Emergent Medical Admissions".

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Services Requiring Authorization | Request Authorization | eviCore

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Step 7: Enter your Facets Provider ID and Provider NPI number and click "Next"

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Provider Home | Coverage & Claims | Referrals & Auths | Coding &

- Preauthorization
- Referrals
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Enter Provider Information

Please enter Facets Provider ID and Provider NPI.

Facets Provider ID: **Provider NPI:**

Back | Next

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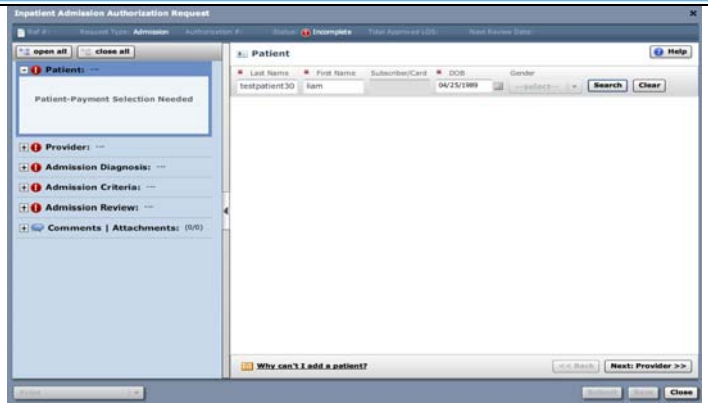
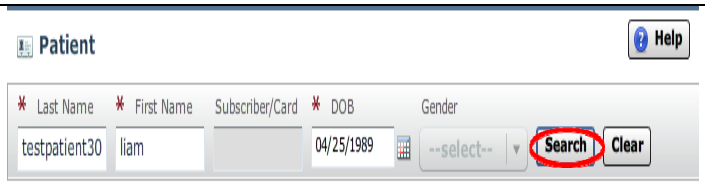
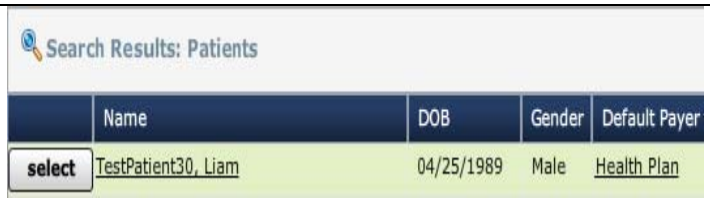
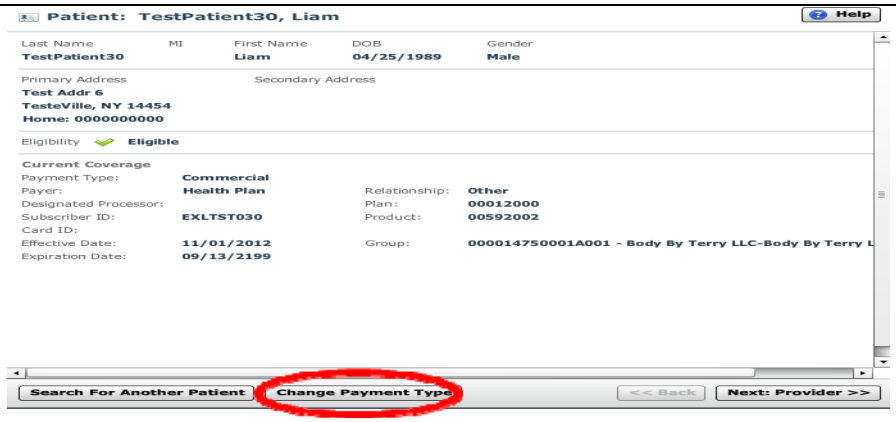
Step 8: Click on "New Authorization"

Authorization Requests | New Authorization

Clear Coverage™
Elective Chemo Inpatient Admission Authorization Entry
For Business Office Staff

Step 9: Enter the patient's last name, first name and date of birth	
Step 10: Click "Search"	
Step 11: Click "Select"	
Step 12: Click "Change Payment Type"	
Step 13: Select the correct coverage	
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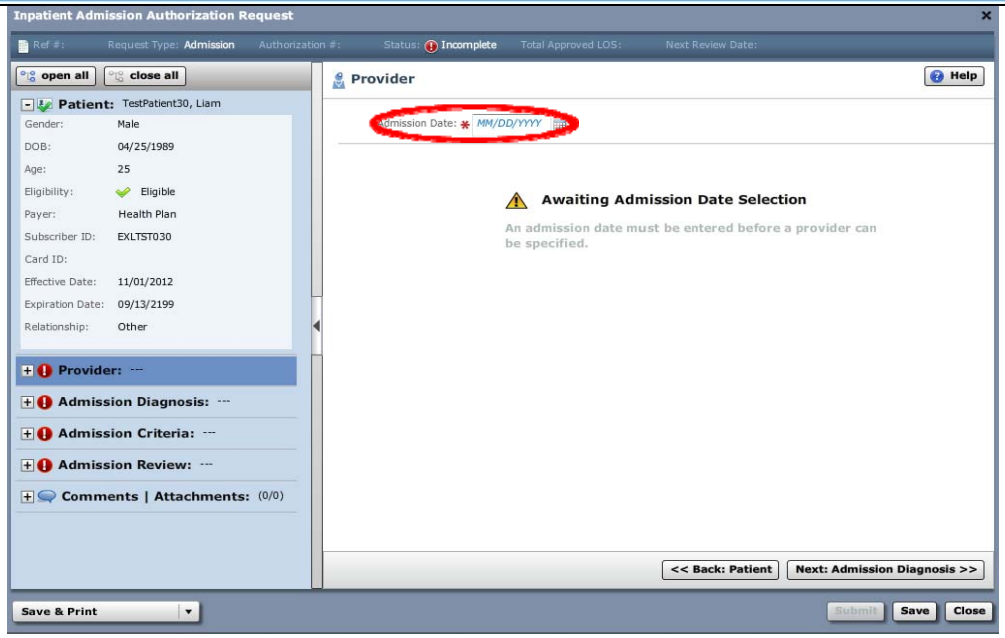
Clear Coverage™
Elective Chemo Inpatient Admission Authorization Entry
For Business Office Staff

Step 15: Select and enter the "Admission Date"

NOTE: Can backdate up to 5 days



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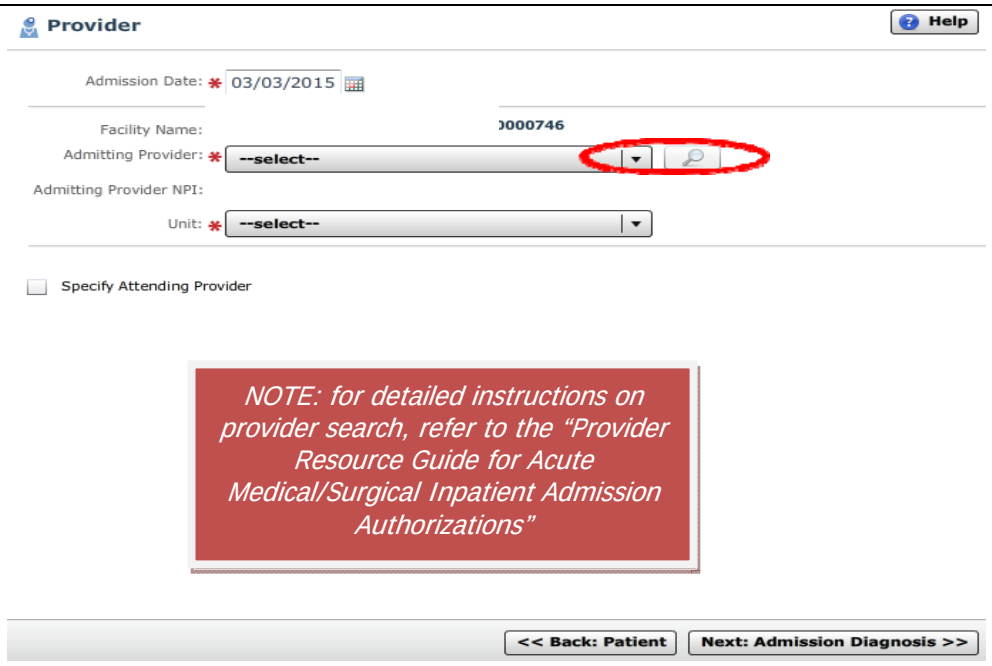
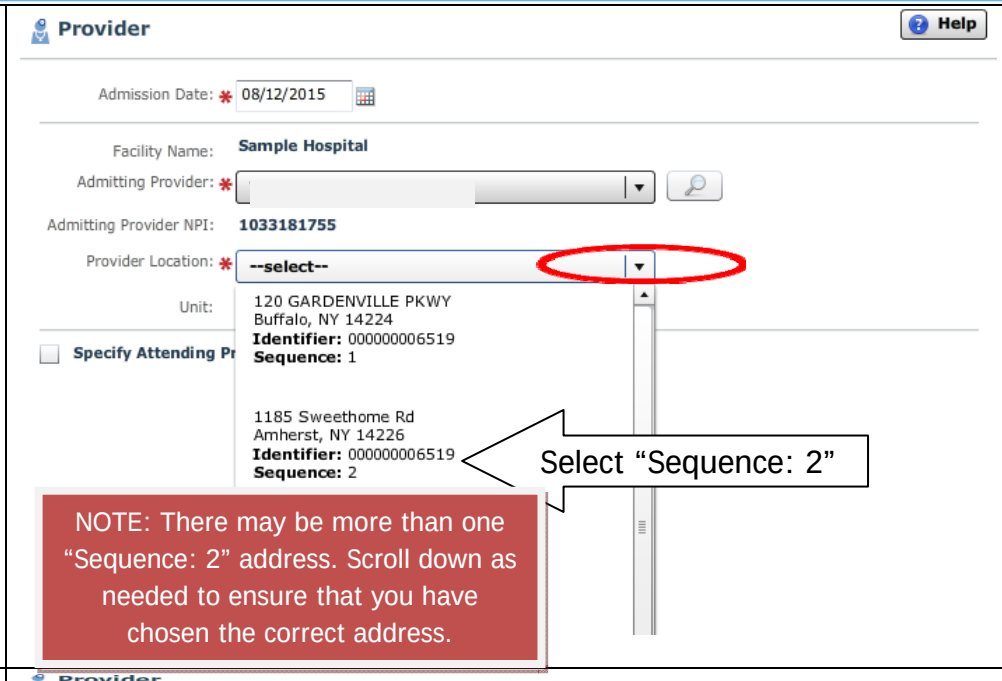
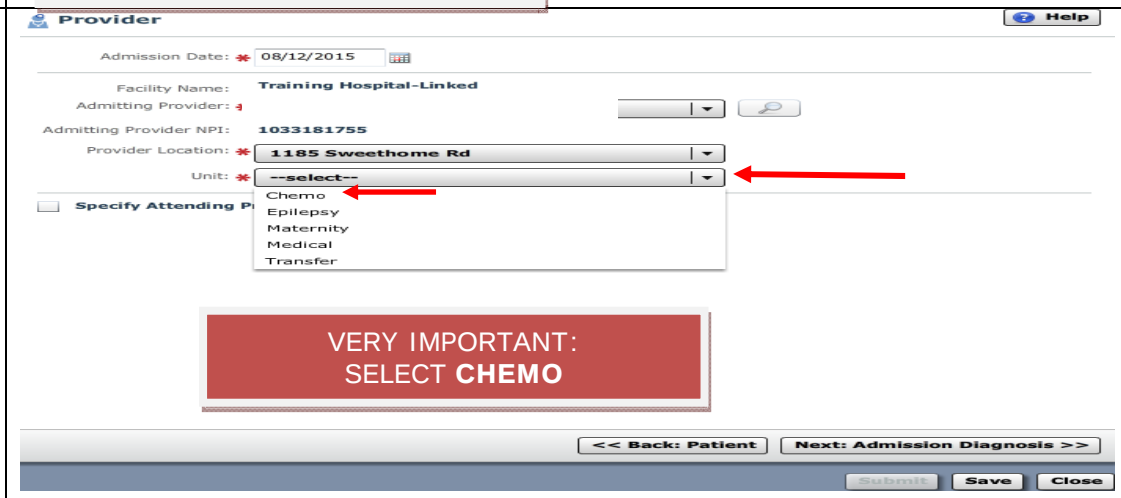
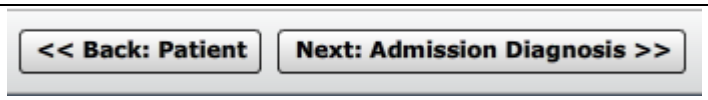


Clear Coverage™
Elective Chemo Inpatient Admission Authorization Entry
For Business Office Staff

Step 17: Click the "Provider Location" dropdown arrow and select the "**Sequence: 2**" address that corresponds correctly with the provider's assigned "Identifier" number (Facets number) and address.	
Step 18: Select "Chemo" from the "Unit" drop-down list	
Step 19: Click "Next: Admission Diagnosis>>"	
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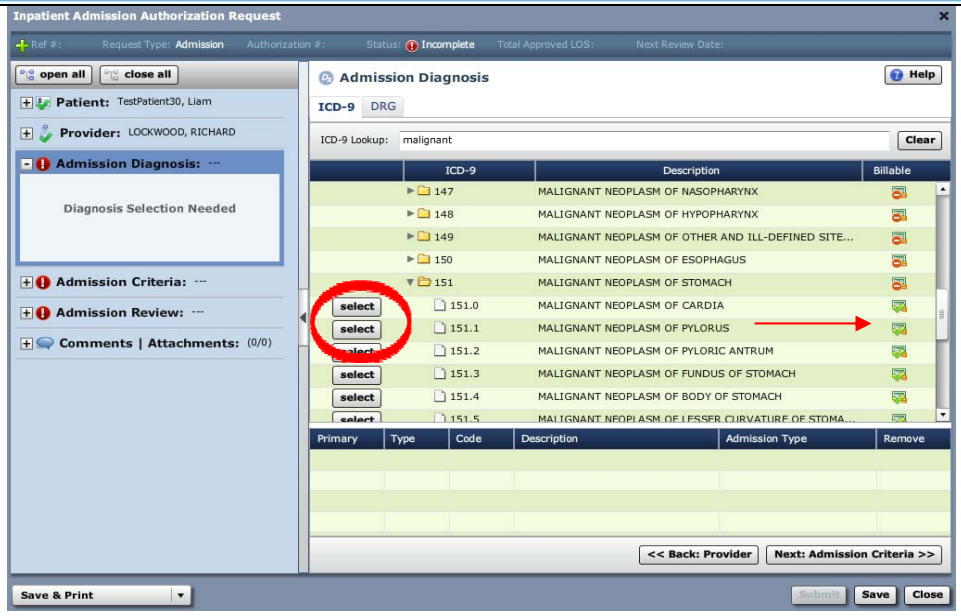
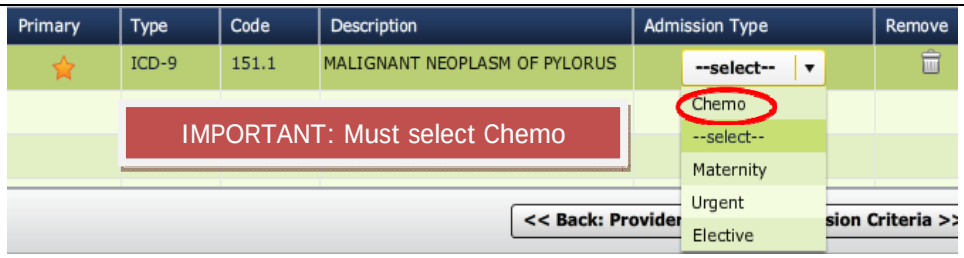
Step 21: Click "Select" to add the PRIMARY diagnosis code NOTE: *You must ensure that you choose a "billable" code. A billable code will have a green checkmark* *Expired codes cannot be used. Expired codes appear with a question mark*	
Step 22: Click the "Admission Type" drop-down and select "Chemo"	
Step 23: Click "Save"	
Step 24: Click "Close"	

Clear Coverage™
Elective Inpatient CHEMO Authorization Entry
For Utilization Review Staff

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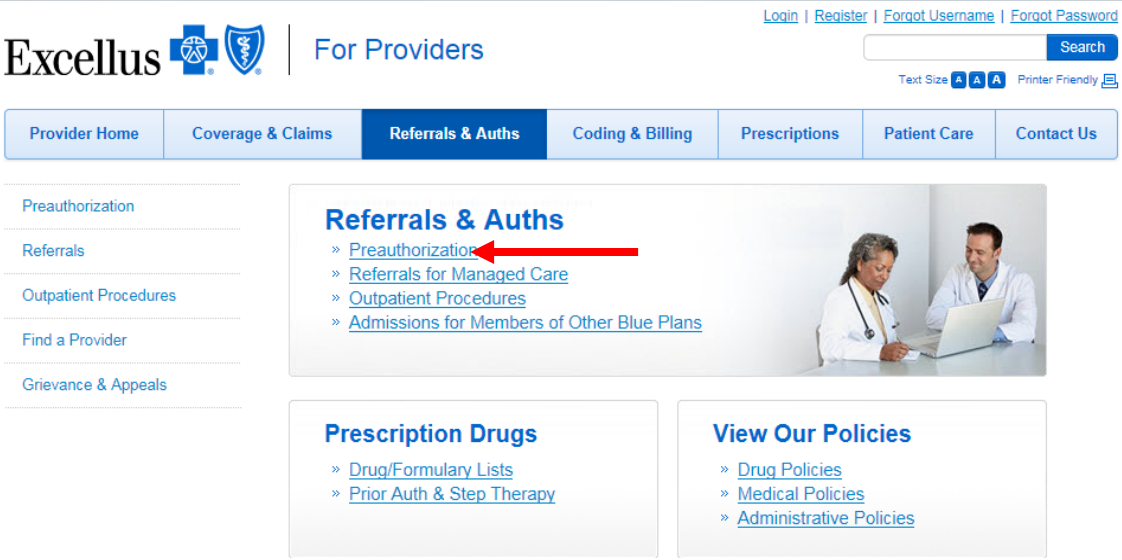
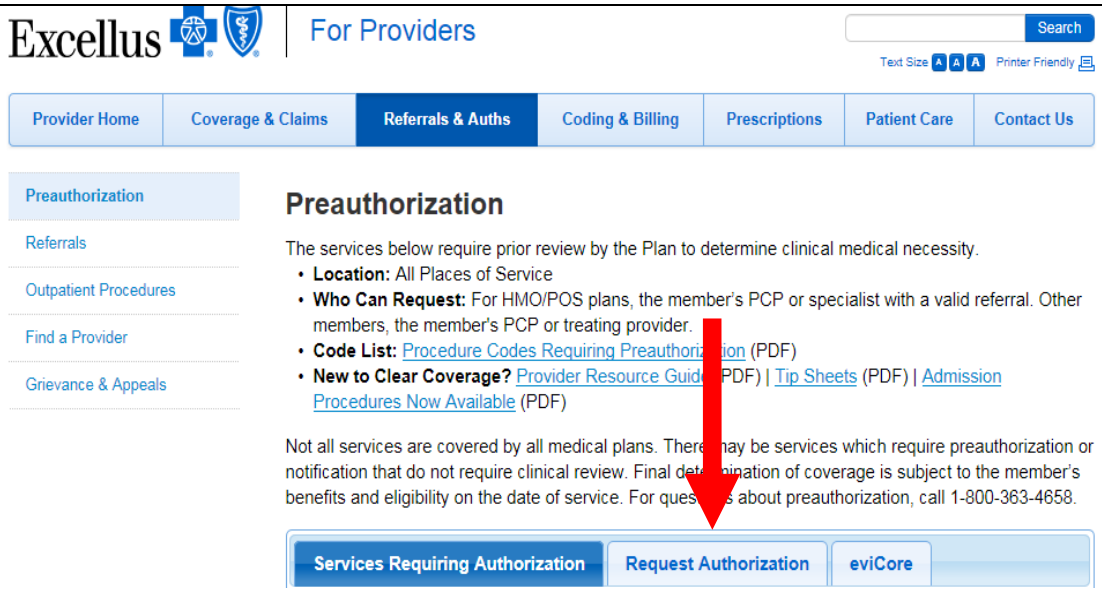
Step 3: Click "Preauthorization"	
Step 4:Click "Request Authorization"	

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Clear Coverage™
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Step 7: Enter the patient's name and/or reference number into the search fields

Authorization Requests | New Authorization | Administration

Search Inpatient Authorization Requests and Notifications

Patient Last Name | Patient First Name | Search | Clear

Date Created | Status | Request Type | Payer | Subscriber/Card | Admitting Provider | Reference Type | Reference Number

Last 7 Days | All | All | All | All

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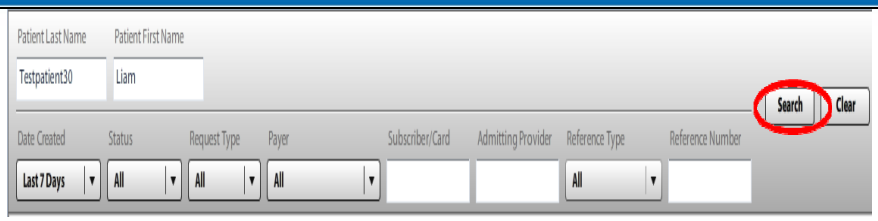
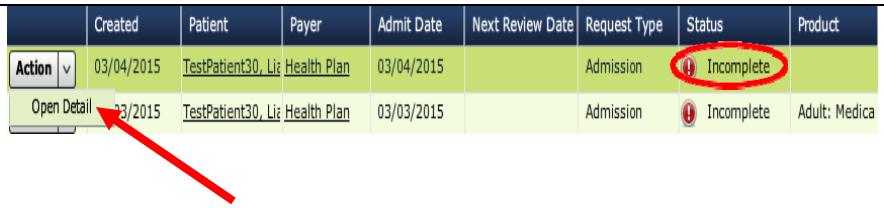
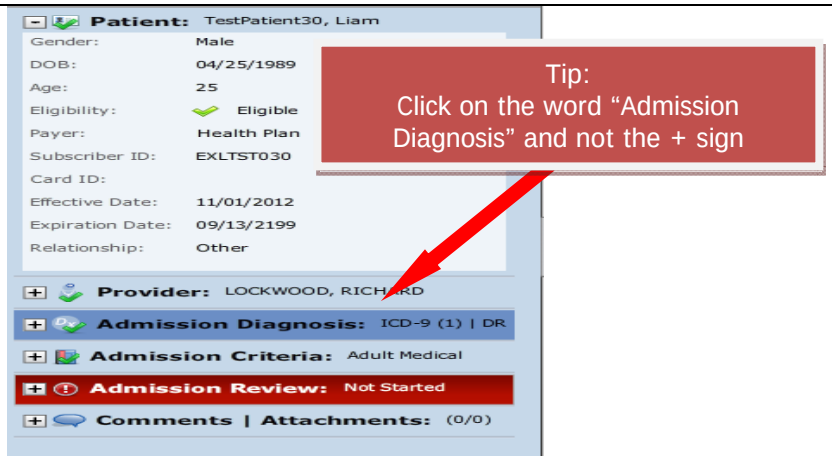
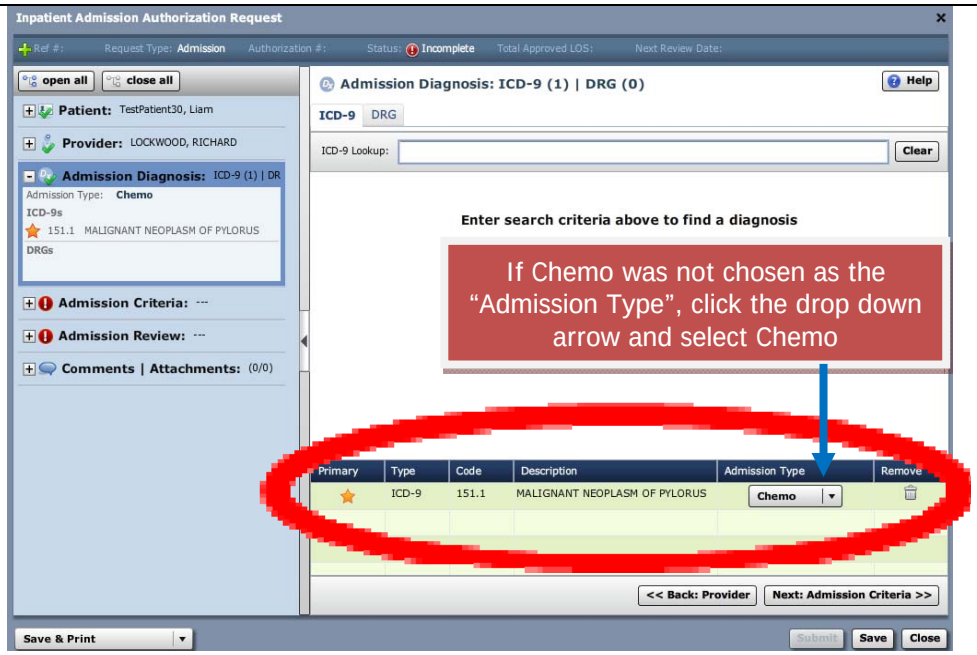
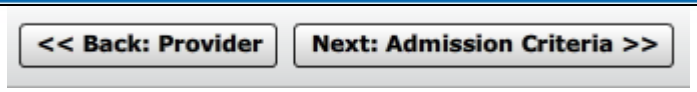
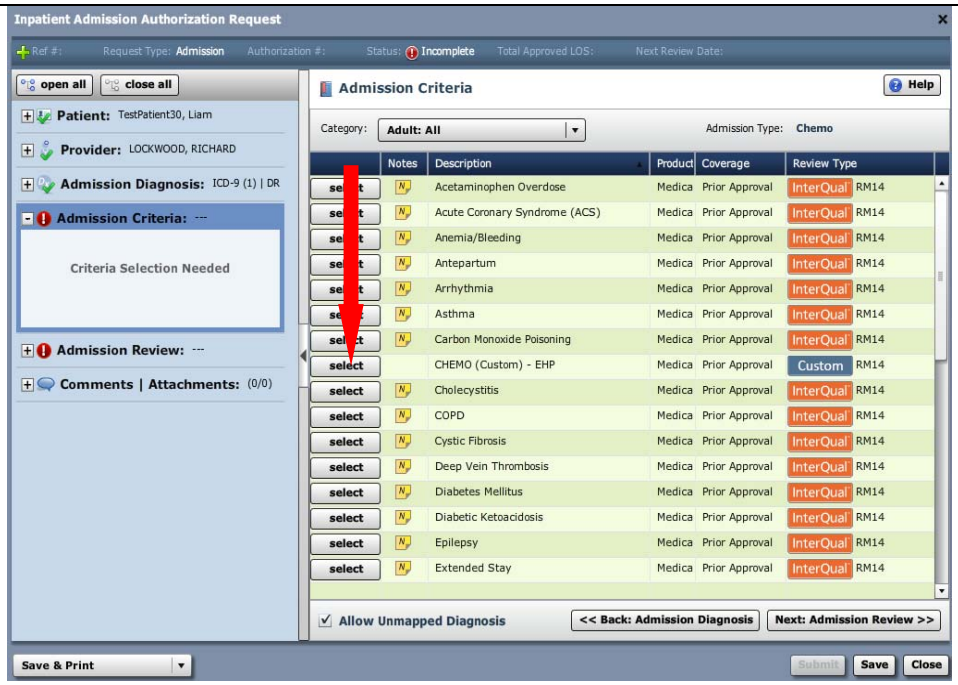
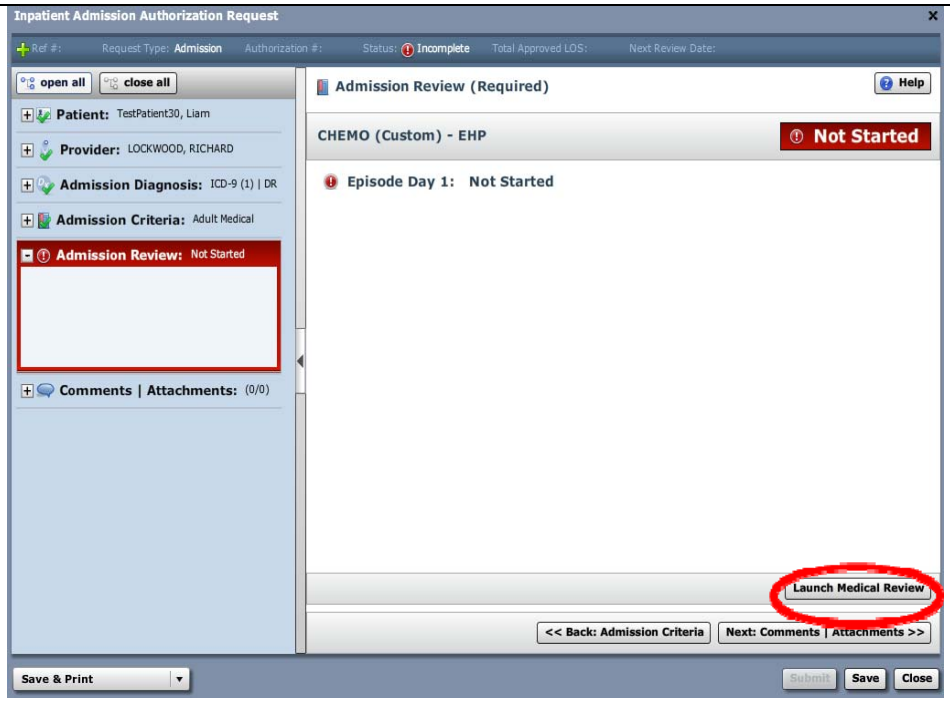
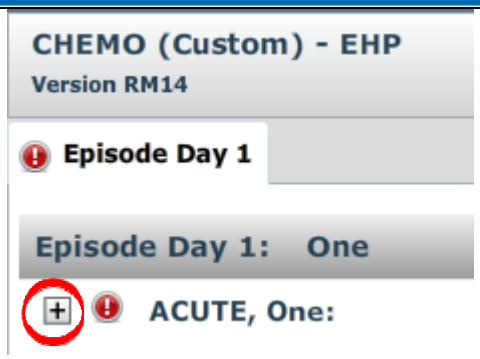
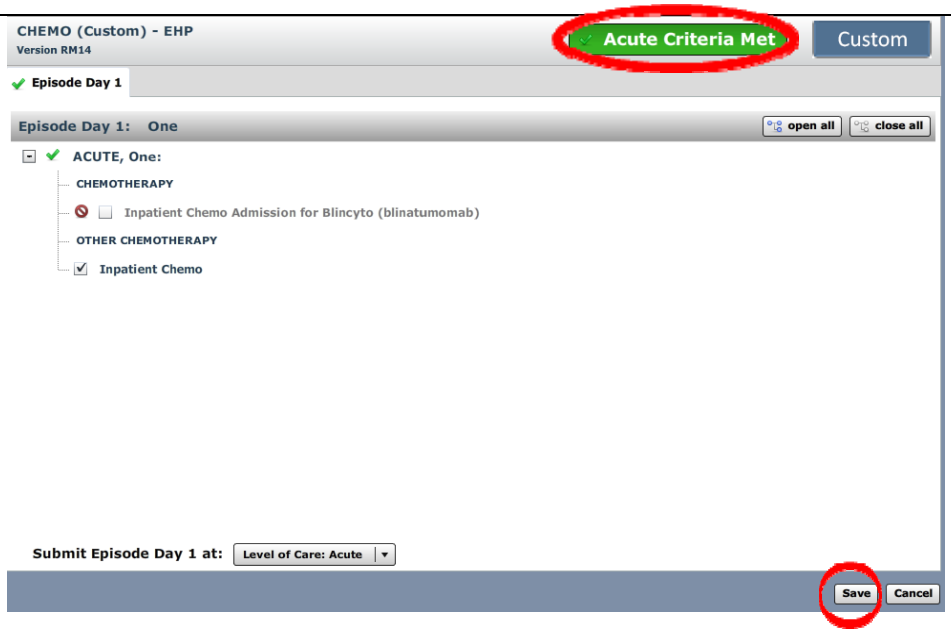
Elective Inpatient CHEMO Authorization Entry Tips
For Utilization Review Staff

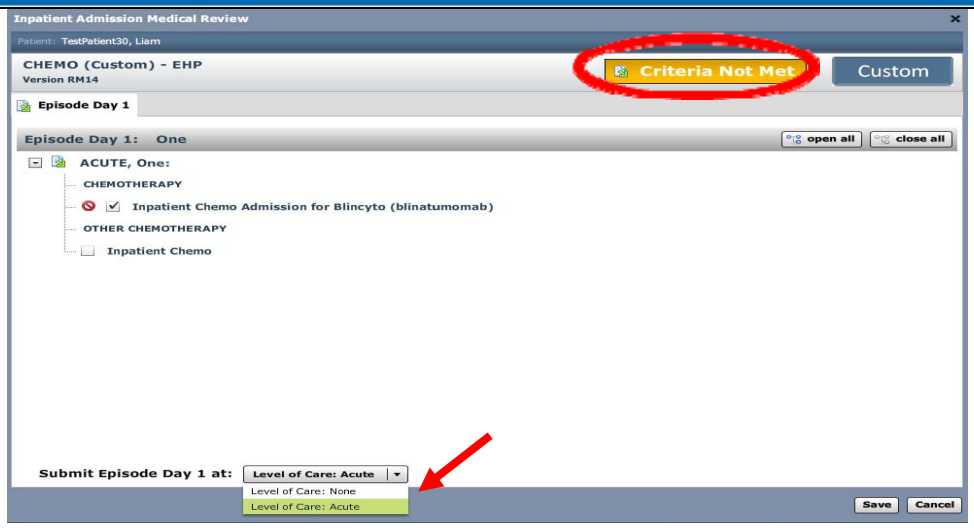
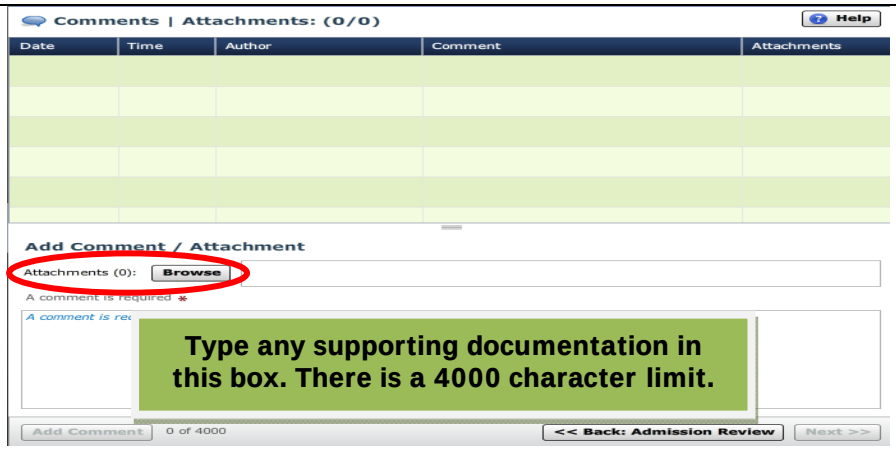
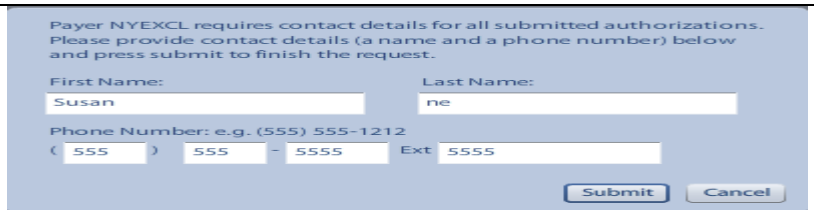
Step 8: Click "Search"	
Step 9: Locate the correct "Incomplete" authorization request and select "Open Detail" from the "Action" drop-down	
Step 10: Click on the "Admission Diagnosis" accordion	
Step 11: Ensure correct PRIMARY diagnosis code and "Admission Type" = Chemo has been entered. 9A. If incorrect diagnosis was entered, click on "trash can" icon 9B. Enter correct diagnosis code –refer to the provider manual for complete instructions.	

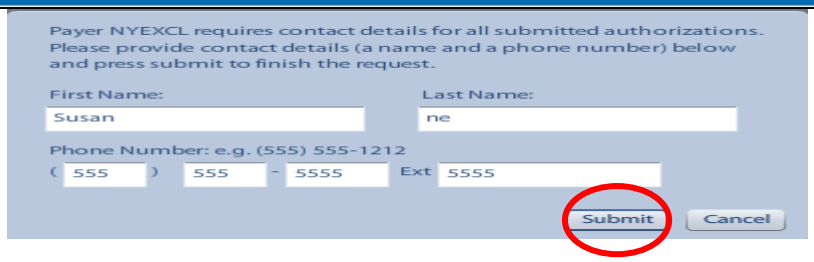
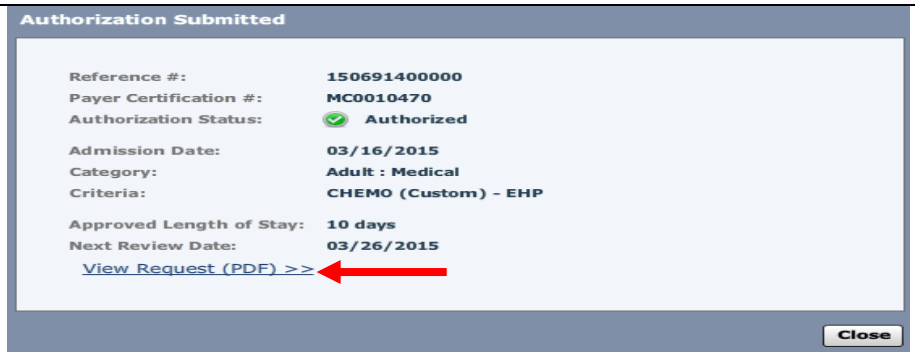
Clear Coverage™
Elective Inpatient CHEMO Authorization Entry Tips
For Utilization Review Staff

Step 12. Click "Next: Admission Criteria>>"	
Step 13: Select the "Chemo (Custom) EHP" criteria subset *If the "Select" button for Chemo is grayed out, click on "Allowed Unmapped Diagnosis" and then click the select button for Chemo*	
Step 14: Click "Next: Admission Review>>"	
Step 15: Click "Launch Medical Review"	

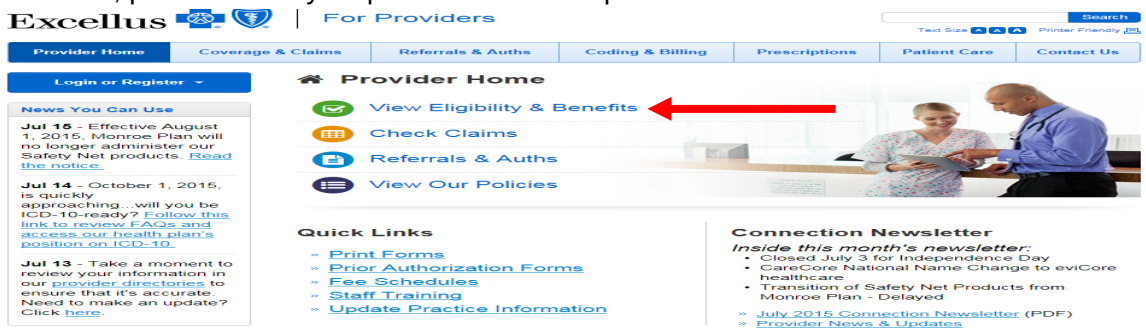
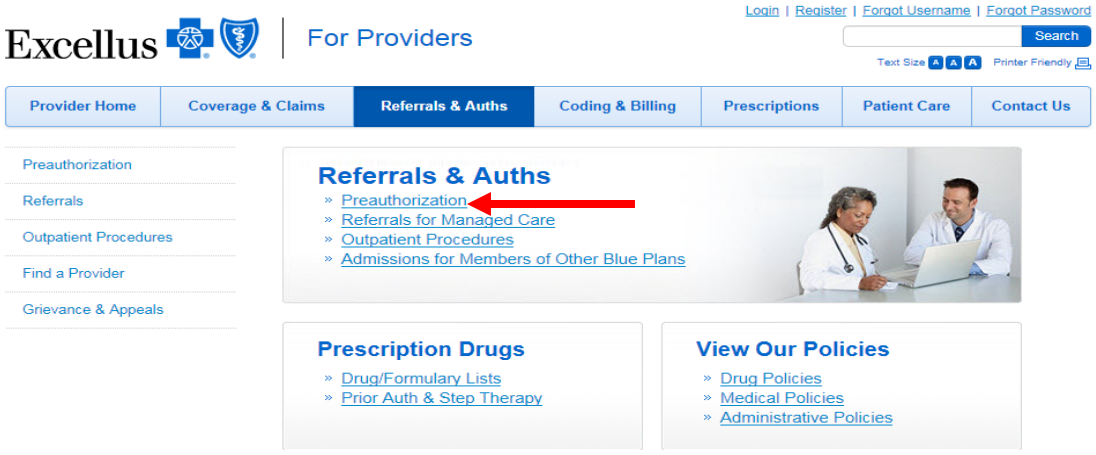
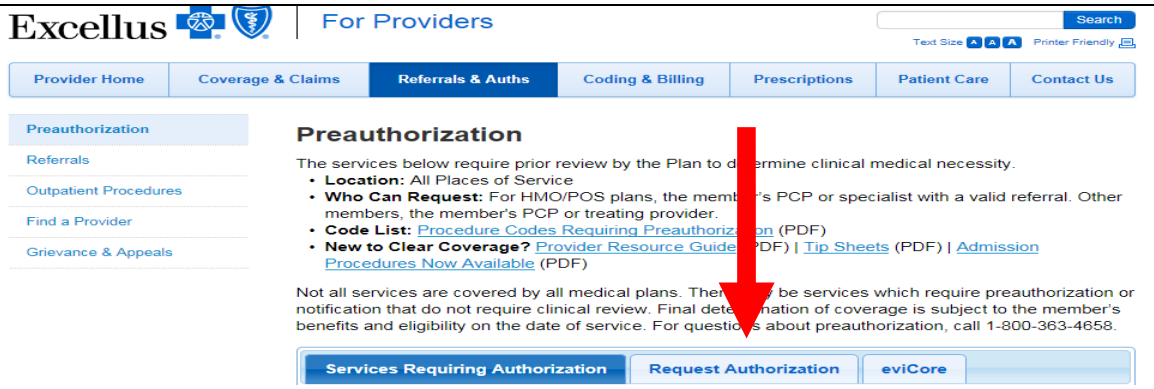
Step 16: Click the "+ sign, Acute, One"	
Step 17: Select the appropriate answer	
Step 18: If "**Acute Criteria Met**", click "Save" If "Acute Criteria Not Met", skip to step 20	
Step 19: Click "Submit" Skip to Step 26	

Clear Coverage™
Elective Inpatient CHEMO Authorization Entry Tips
For Utilization Review Staff

Step 20: If "**Acute Criteria Not Met**": Click on the "Submit Episode Day 1 at:" dropdown and select "Level of Care: Acute"	
Step 21: Click "Save"	
Step 22: Click "Next: Comments| Attachments>>"	
Step 23: Type free text note in the free text field And/or: Click the "Browse" button to add attachments as needed	
Step 24: Click "Add Comment"	
Step 25: Click "Submit"	
Step 26: Add a phone number (name auto populates)	

Step 27: Click the **"Submit"** button	
Step 28: Click "View Request (PDF)>>" if you wish to print or electronically save a copy of the authorization request	
Step 29: Click "Close"	

Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry
For Business / Admissions Office Staff

Step 1: Log in to the Excellus BCBS provider portal	https://www.excellusbcbs.com/wps/portal/xl/prv/ Refer to "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process
Step 2: Complete benefits and eligibility check within the provider portal	If needed, please contact your provider relations representative for instructions. 
Step 3: Click on the "Referrals and Auths" tab	
Step 4: Click "Preauthorization"	
Step 5: Click "Request Authorization"	

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Clear Coverage™
Inpatient Elective Epilepsy Authorization Entry Tips
For Business Office Staff

Step 6: Locate "Urgent/Emergent Medical Admissions".

Click "Online with Clear Coverage™

Services Requiring Authorization | Request Authorization | eviCore

Note: You'll need your Facets Provider ID to use Clear Coverage or do Pre-Service Reviews at Other Blue Plans. Get Your Facets Provider ID

Step 1: Check the Patient's Benefits & Coverage for plan-specific preauthorization requirements.

Step 2: Submit Your Request

For these Services:	Request Authorization:
Implantable Cardiac Devices, Radiology/Imaging, Radiation Therapy or Sleep Studies/Supplies	Online with eviCore National, or call 1-866-889-8056
Urgent/Emergent Medical Admissions (Facility)	Please Read: Attestation Information Facility: Online with Clear Coverage, call 1-800-363-4658, or fax to 1-800-292-5109
Inpatient Elective/Prospective Admissions (Provider) **Outpatient Procedures on Prior Authorization List** (Home Care, Physical, Occupational & Speech Therapy must use Clear Coverage.)	Please Read: Attestation Information Provider: Online with Clear Coverage, call 1-800-363-4658, or fax to 1-800-222-8182
Other Emergency Admissions	Request to Customer Care, or call 1-800-363-4658
Other Elective Admissions	Request to Customer Care, or call 1-800-363-4658
Other Surgical/Medical Authorizations	Request to Customer Care, or call 1-800-363-4658
Urgent Requests After-Hours (weekdays after 5 p.m. and weekends EST)	Call 1-877-303-8887 (nurses will collect information to be entered into our systems the next business day)
Members of Other Blue Plans (Pre-Service Review)	Online, or call the number on the Member's ID Card

Step 7: Enter your Facets Provider ID and Provider NPI number and click "Next"

Excellus | For Providers

NOTE: If you are a new user, please refer to the provider manual for instructions on how to obtain your Facets Provider ID

Provider Home | Coverage & Claims | Referrals & Auths | Coding &

- Preauthorization
- Referrals
- Outpatient Procedures
- Find a Provider
- Grievance & Appeals

Enter Provider Information

Please enter Facets Provider ID and Provider NPI.

Facets Provider ID: **Provider NPI:**

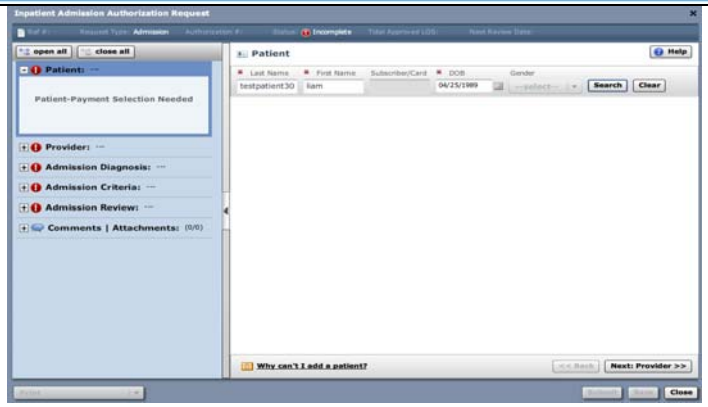
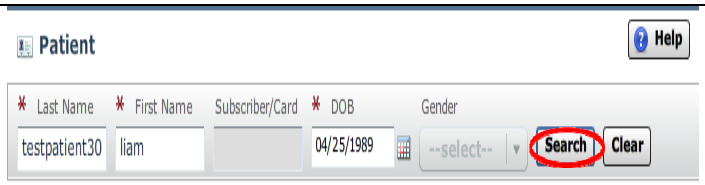
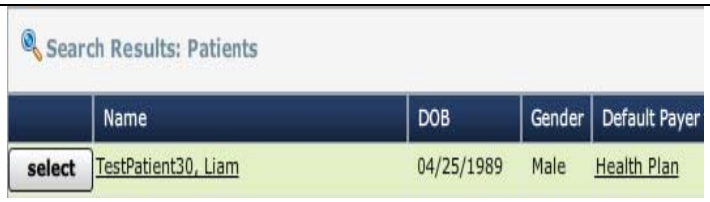
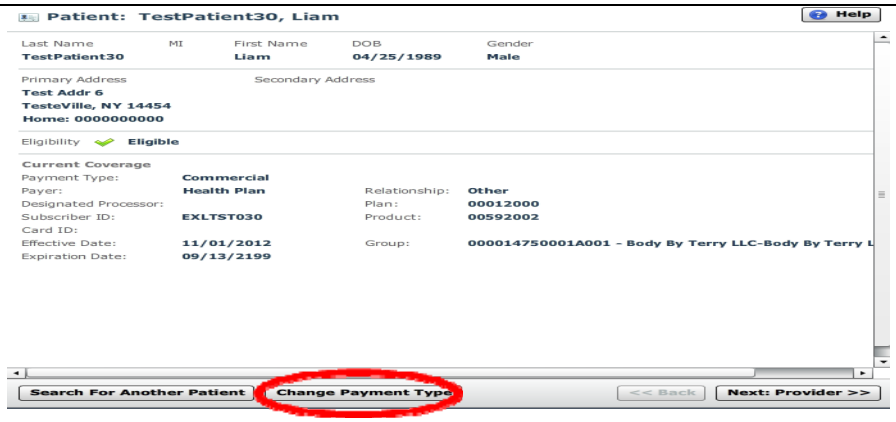
Back | Next

Important: Authorization requests/documentation received via Clear Coverage after 5:00 p.m. on Friday, and on weekends or holidays, will not be processed until the next business day. If you have an urgent request for care within 48 hours, please call the Medical Intake Unit at 1-800-363-4658.

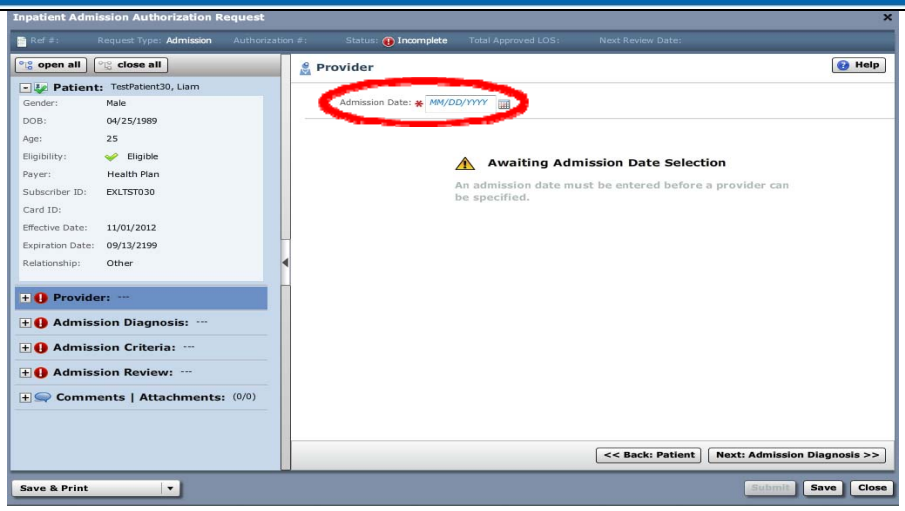
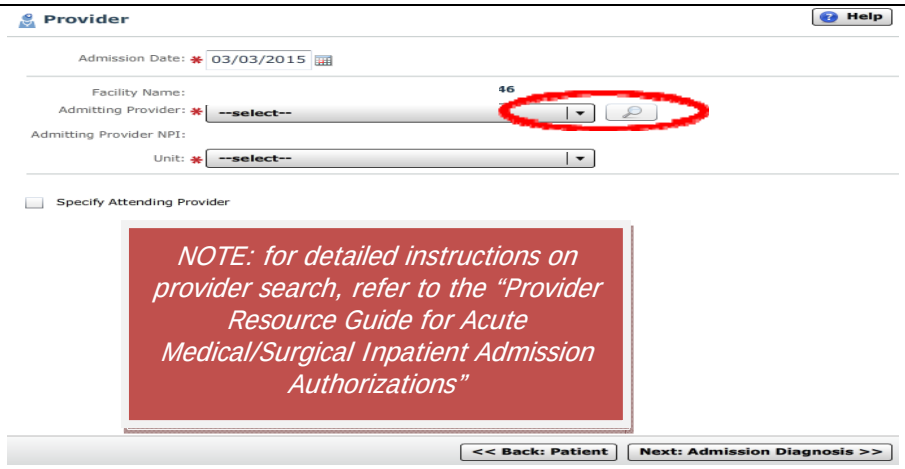
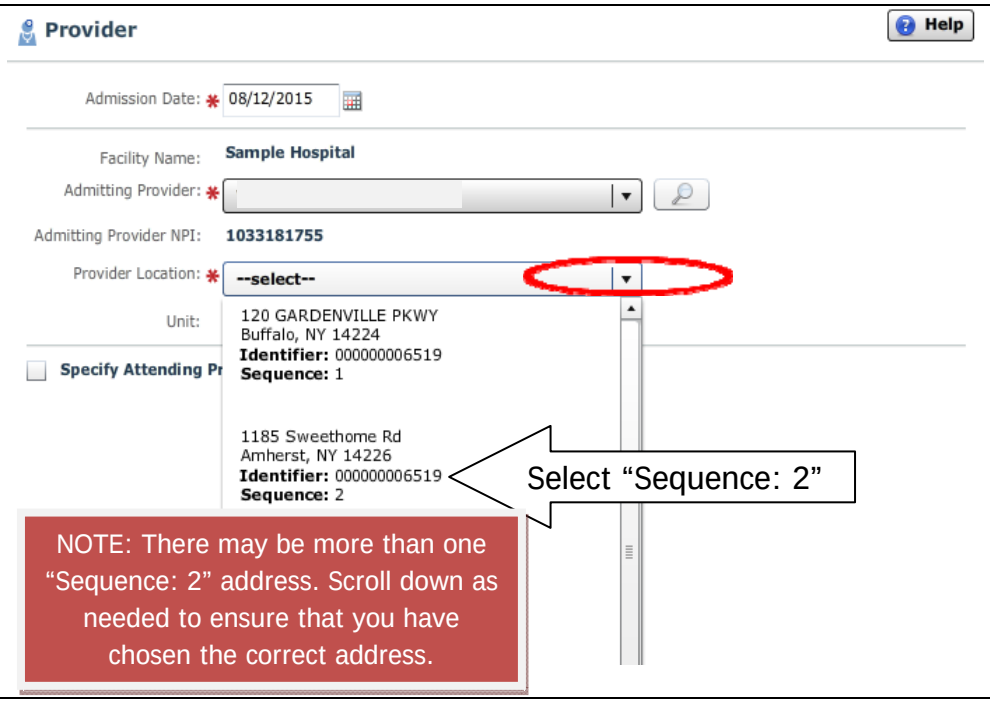
Step 8: Click on "New Authorization"

Authorization Requests | New Authorization

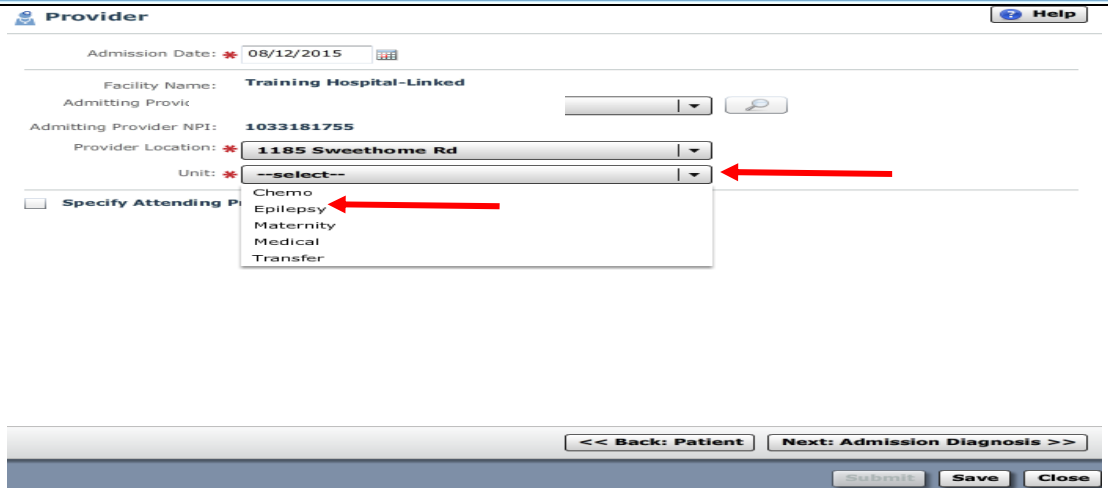
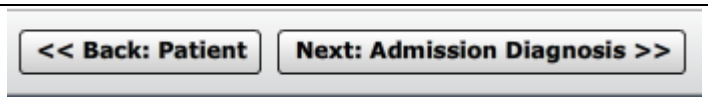
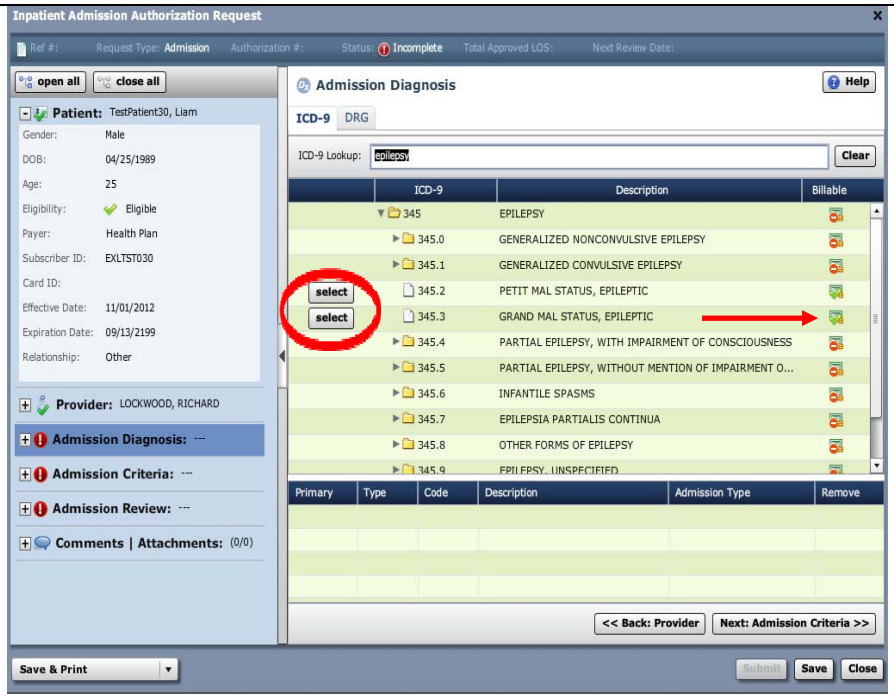
Clear Coverage™
Inpatient Elective Epilepsy Authorization Entry Tips
For Business Office Staff

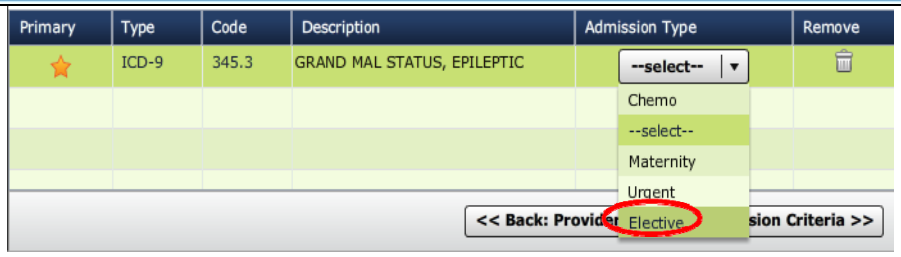
Step 9: Enter the patient's last name, first name and date of birth	
Step 10: Click "Search"	
Step 11: Click "Select"	
Step 12: Click "Change Payment Type"	
Step 13: Select the correct coverage	
Step 14: Click "Next Provider>>"	

Clear Coverage™
Inpatient Elective Epilepsy Authorization Entry Tips
For Business Office Staff

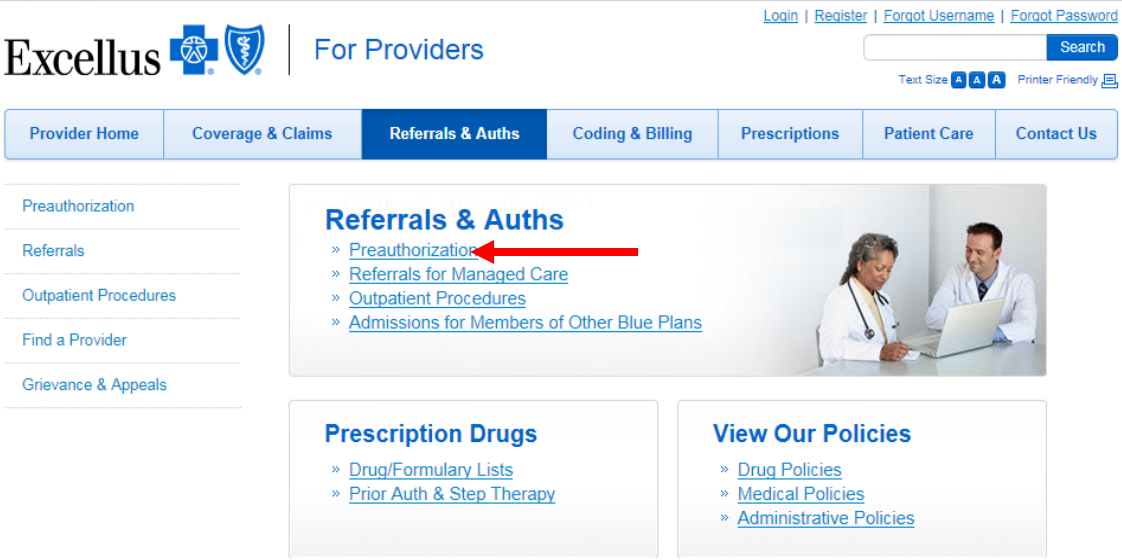
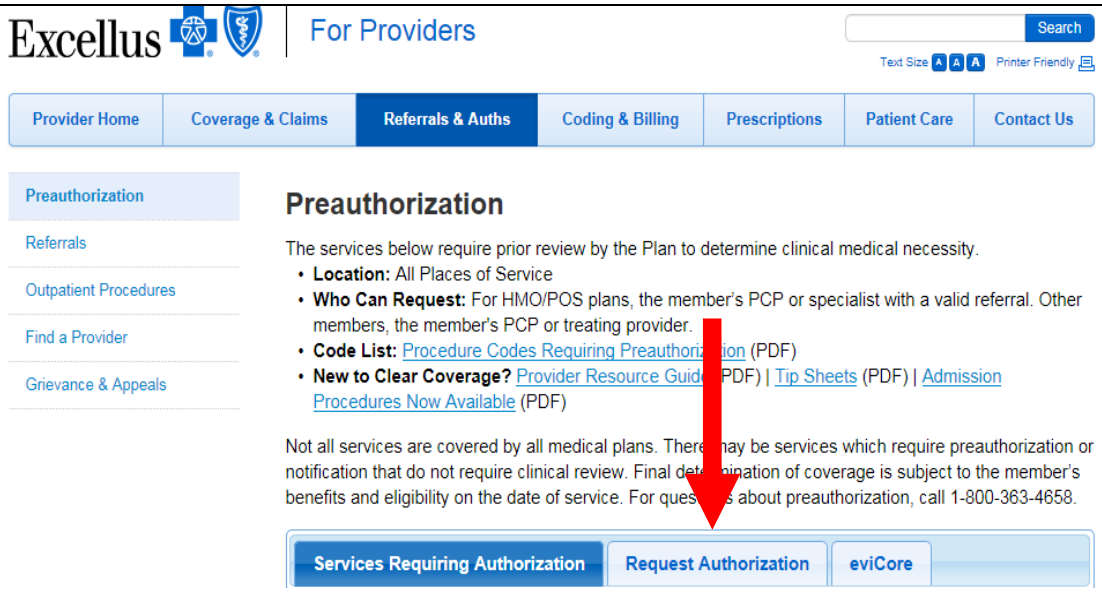
Step 15: Select and enter the "Admission Date" NOTE: Can backdate up to 5 days	
Step 16: Conduct admitting provider search, OR choose provider from dropdown list	
Step 17: Click the "Provider Location" dropdown arrow and select the "**Sequence: 2**" address that corresponds correctly with the provider's assigned "Identifier" number (Facets number) and address.	

Clear Coverage™
Inpatient Elective Epilepsy Authorization Entry Tips
For Business Office Staff

Step 18: Select "Epilepsy" from the "Unit" drop-down list	
Step 19: Click "Next: Admission Diagnosis>>"	
Step 20: Enter the PRIMARY diagnosis code	
Step 21: Click "Select" to add the PRIMARY diagnosis code NOTE: *You must ensure that you choose a "billable" code. A billable code will have a green checkmark* *Expired codes cannot be used. Expired codes appear with a question mark*	

Step 22: Click the "Admission Type" drop-down and select "Elective"	
Step 23: Click "Save"	
Step 24: Click "Close"	

Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry
For Utilization Review Staff

Step 1: Log in to the Excellus BCBS provider portal	https://www.excellusbcbs.com/wps/portal/xl/prv/ Refer to "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process
Step 2: Click on the "Referrals and Auths" tab	
Step 3: Click "Preauthorization"	
Step 4:Click "Request Authorization"	

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Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry Tips
For Utilization Review Staff

Step 5: Locate "Urgent/Emergent Medical Admissions"

Click "Online with Clear Coverage™

Services Requiring Authorization | Request Authorization | eviCore

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Inpatient Elective/Prospective Admissions (Provider) **Outpatient Procedures on Prior Authorization List** (Home Care, Physical, Occupational & Speech Therapy must use Clear Coverage.)	Please Read: Attestation Information Provider: Online with Clear Coverage, call 1-800-363-4658, or fax to 1-800-222-8182
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Other Surgical/Medical Authorizations	Request to Customer Care, or call 1-800-363-4658
Urgent Requests After-Hours (weekdays after 5 p.m. and weekends EST)	Call 1-877-303-8887 (nurses will collect information to be entered into our systems the next business day)
Members of Other Blue Plans (Pre-Service Review)	Online, or call the number on the Member's ID Card

Step 6: Enter your Facets Provider ID and Provider NPI number and click "Next"

Excellus | For Providers

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Provider Home | Coverage & Claims | Referrals & Auths | Coding &

- Preauthorization
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Enter Provider Information

Please enter Facets Provider ID and Provider NPI.

Facets Provider ID: **Provider NPI:**

Back | Next

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Step 7: Enter the patient's name and/or reference number into the search fields

Authorization Requests | New Authorization | Administration

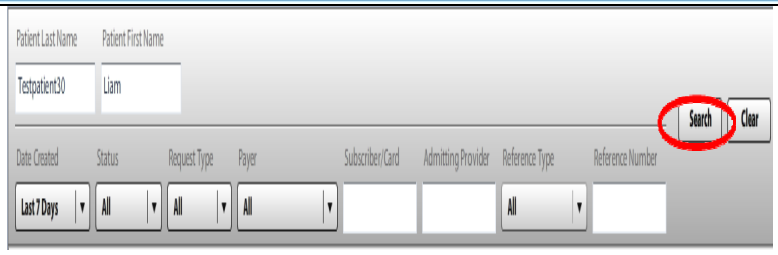
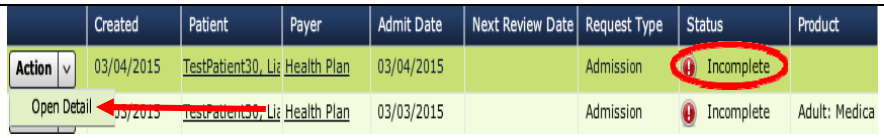
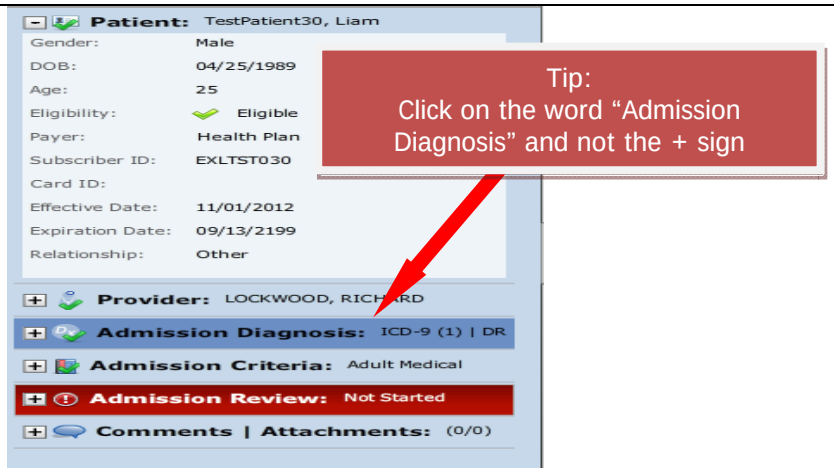
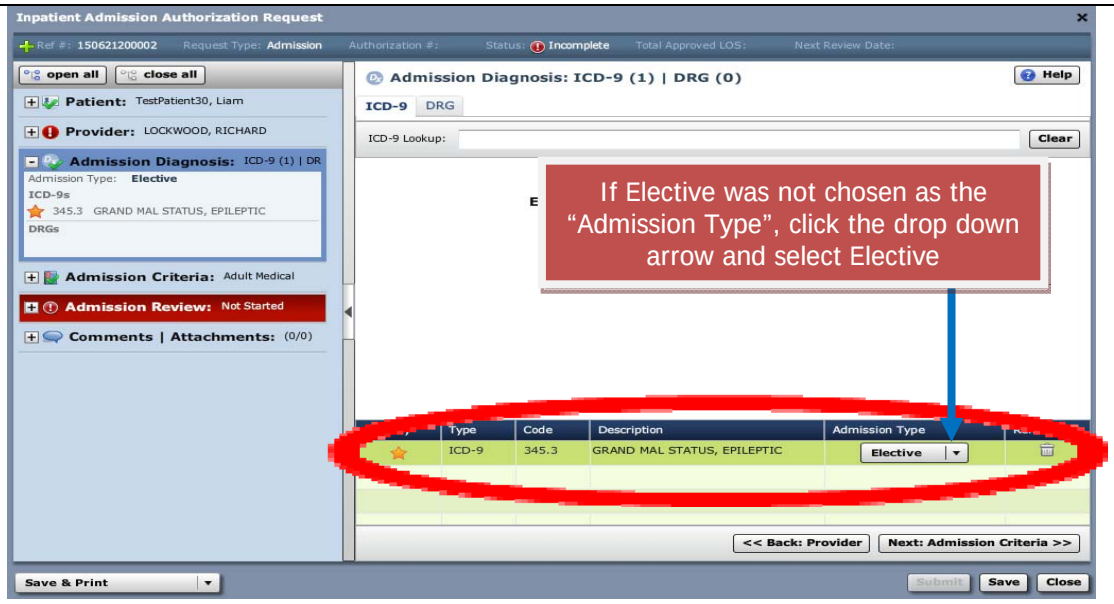
Search Inpatient Authorization Requests and Notifications

Patient Last Name | Patient First Name | Search | Clear

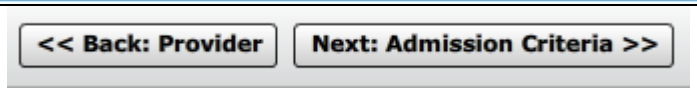
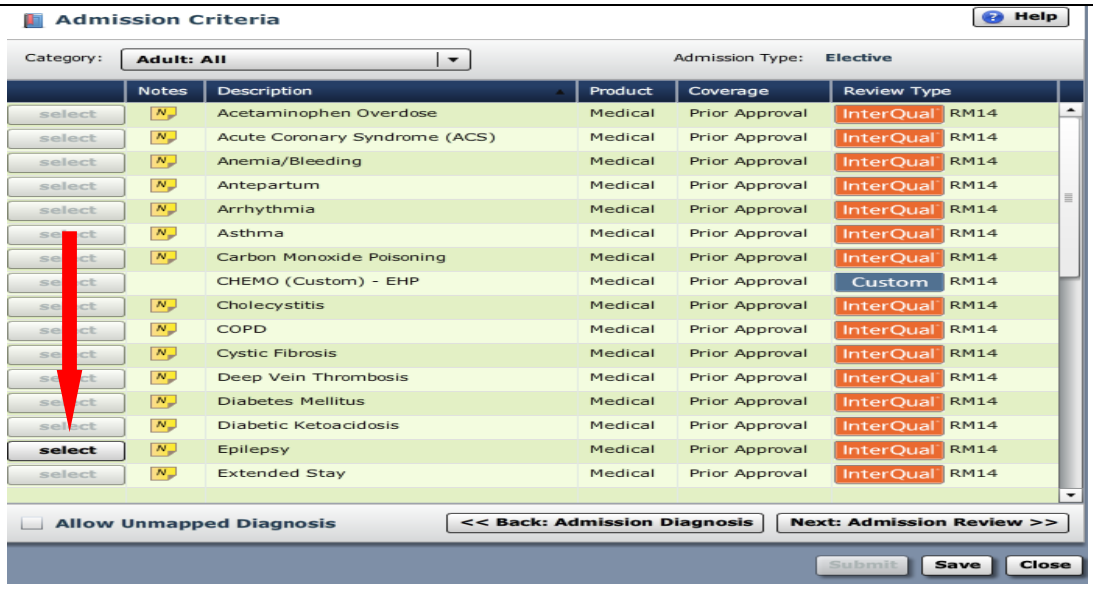
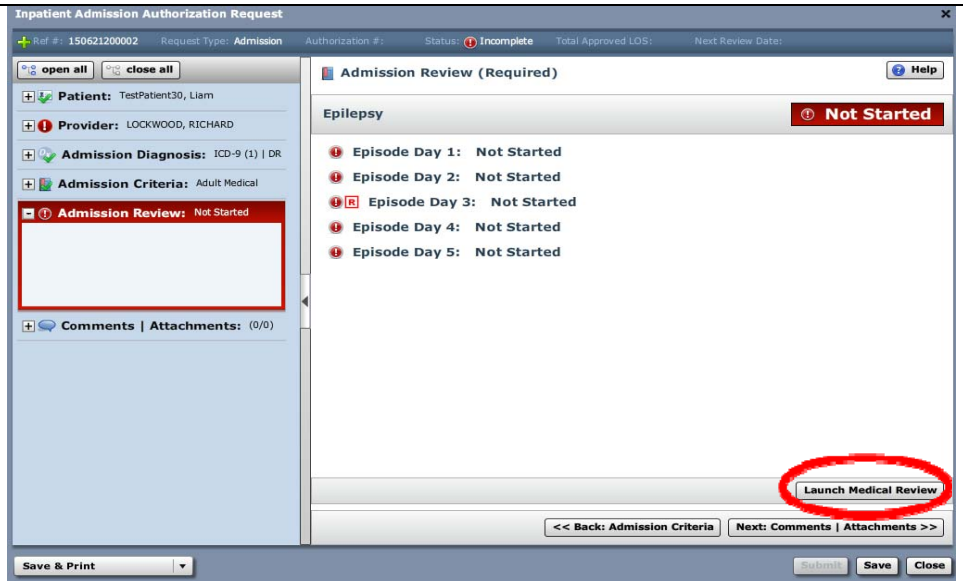
Date Created | Status | Request Type | Payer | Subscriber/Card | Admitting Provider | Reference Type | Reference Number

Last 7 Days | All | All | All | All

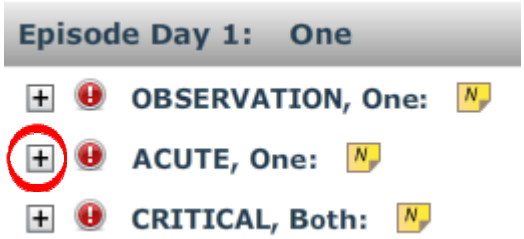
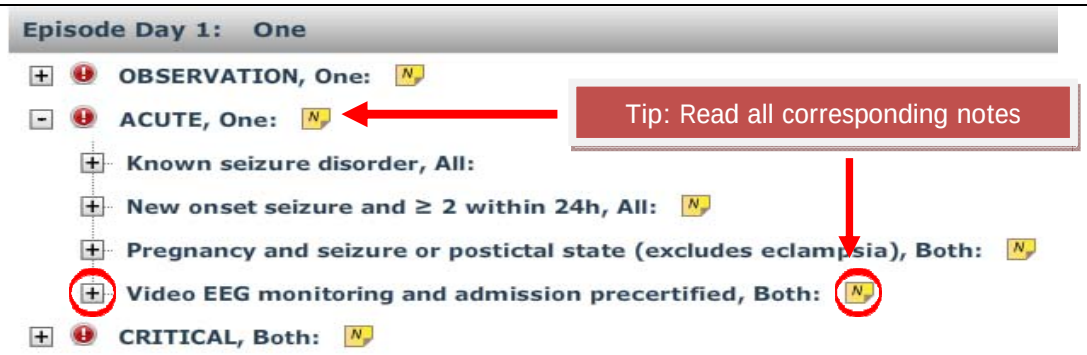
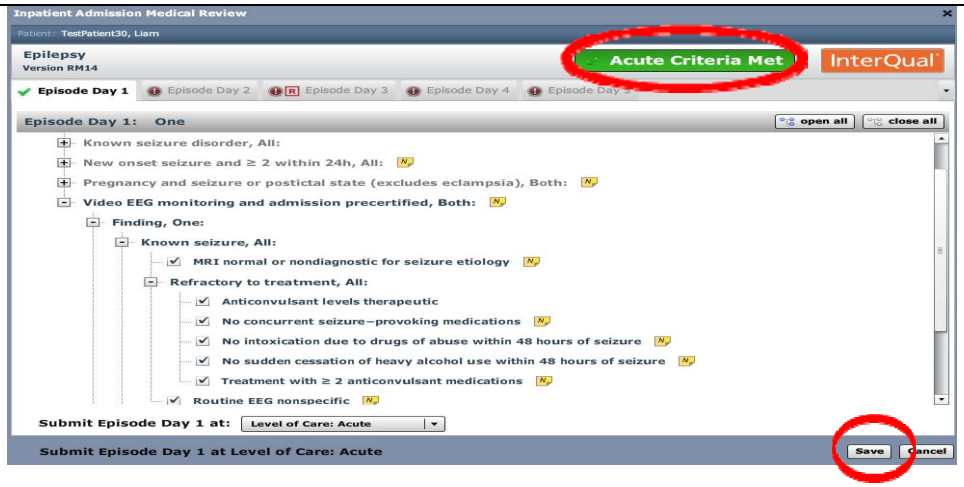
Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry Tips
For Utilization Review Staff

Step 8: Click "Search"	
Step 9: Locate the correct "Incomplete" authorization request and select "Open Detail" from the "Action" drop-down	
Step 10: Click on the "Admission Diagnosis" accordion	
Step 11: Ensure correct PRIMARY diagnosis code and "Admission Type" = Elective has been entered. 9A. If incorrect diagnosis was entered, click on "trash can" icon 9B. Enter correct diagnosis code –refer to the provider manual for complete instructions.	

Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry Tips
For Utilization Review Staff

Step 12. Click "Next: Admission Criteria>>"	
Step 13: Select the "Epilespy" criteria subset *If the "Select" button for Epilepsy is grayed out, click on "Allowed Unmapped Diagnosis" and then click the select button for Epilepsy*	
Step 14: Click "Next: Admission Review>>"	
Step 15: Click "Launch Medical Review"	

Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry Tips
For Utilization Review Staff

Step 16: Click on "Episode Day 1"	
Step 17: Select the "Acute" level of care	
Step 18:Conduct the medical review in accordance with InterQual™ Acute Criteria Review Process	
Step 19: If "**Acute Criteria Met**": Click "Save" If "Acute Criteria Not Met", skip to step 21	
Step 20: Click "Submit" Skip to Step 27	

Clear Coverage™
Elective Inpatient Epilepsy Authorization Entry Tips
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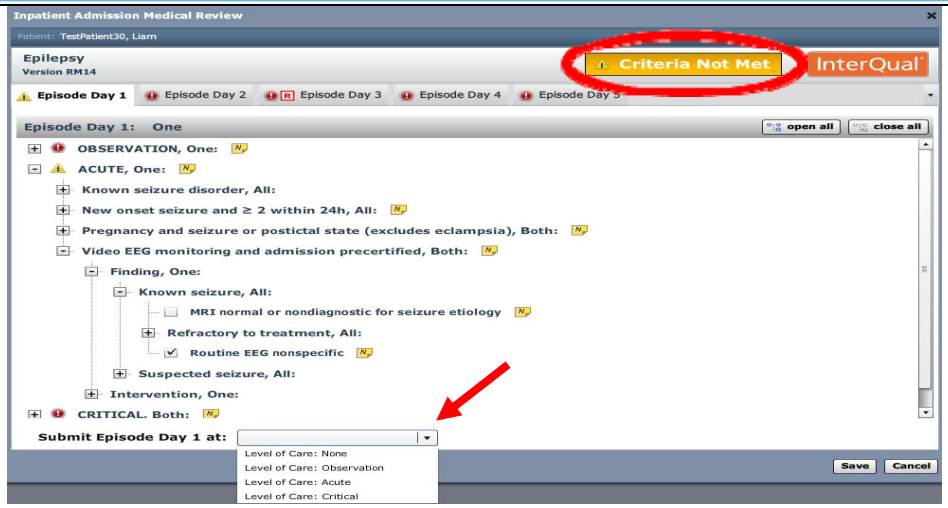
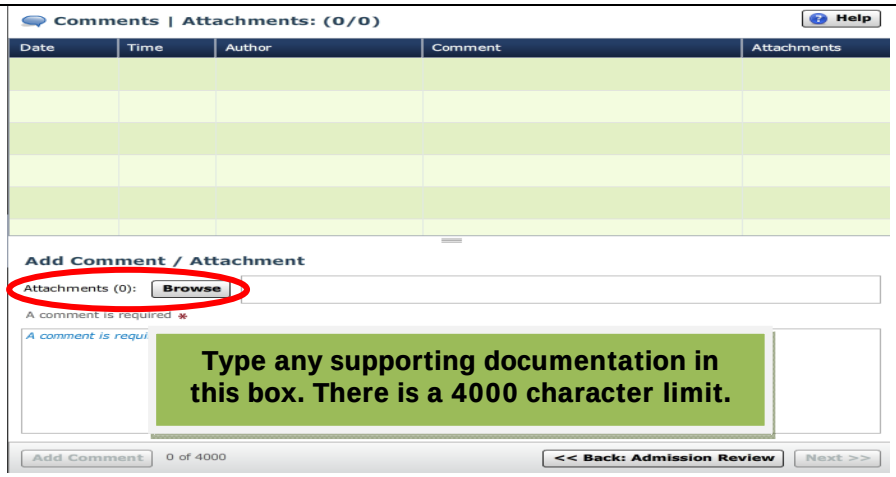
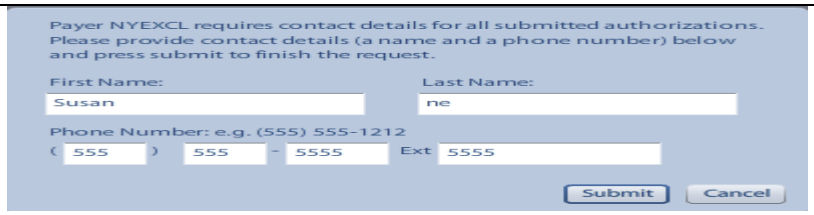
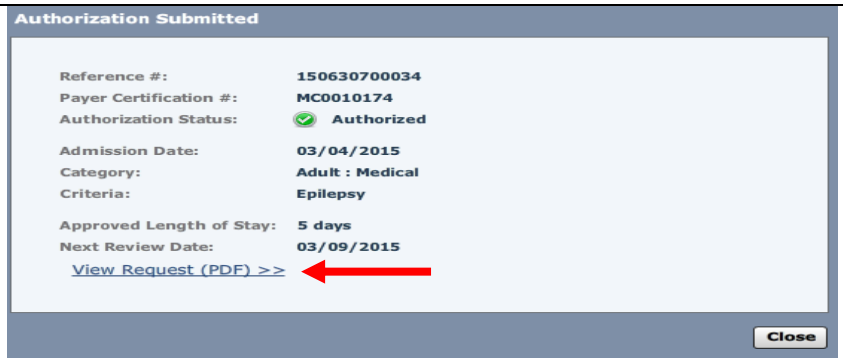
Step 21: If "**Acute Criteria Not Met**": Click on the "Submit Episode Day 1 at:" dropdown and select "Level of Care: Acute"	
Step 22: Click "Save"	
Step 23: Click "Next: Comments |Attachments>>"	
Step 24: Type free text note in the free text field And/or: Click the "Browse" button to add attachments as needed	
Step 25: Click "Add Comment"	
Step 26: Click "Submit"	
Step 27: Add a phone number (name auto populates and can be changed as needed)	

Step 28: Click the **"Submit"** button	
Step 29: Click "View Request (PDF)>>" if you wish to print or electronically save a copy of the authorization request	
Step 30: Click "Close"	